

The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

BOSTON PSYCHOPATHIC HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1926

DEPARTMENT OF MENTAL DISEASES



STORAGE

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CONTENTS

Report of Trustees.....	11
Report of Director.....	22
Statistics of Admissions (Psychosis and Legal Status).....	33
Report of Chief Medical Officer.....	44
Report of Out Patient Department.....	55
Report of Biochemical Laboratory.....	66
Report of Psychological Laboratory.....	88
Report of Neuropathological Laboratory.....	00
Report of Department of Therapeutic Research.....	12
Report of Chief Executive Officer.....	34
Report of Social Service Department.....	56
Report of Superintendent of Nurses.....	78
Report of Department of Occupational Therapy.....	90
Publications.....	12
Report of Treasurer.....	34
Statistical Tables (Committted and Voluntary Patients).....	78

The Commonwealth of Massachusetts

TRUSTEES' REPORT

December 21, 1926.

To His Excellency, The Governor, and the Honorable Council:

The reports of the Director and the heads of the various departments of the Boston Psychopathic Hospital for the year 1926, frankly command our enthusiasm. These pages of closely summarized statement of work done represent, though only partially, as we know from our official visits, the spirit and the persistent effort which characterizes the work of the staff of this institution.

The numbers treated and the topics of research are clear enough to the reader, but the measure of the spirit of public service and devotion to the attempt to discover better methods of treatment and prevention of mental ailments are but slightly indicated in what is set forth in words and figures.

As we come to know it more and more, this hospital stands for much service in the immediate community and in the life of the nation. Many professional people are trained here each year; contributions to scientific knowledge are steadily forthcoming from this centre; the respect for the functions, both humanitarian and scientific, of the hospital continues to grow.

Suggestions of splendid attitudes taken towards human problems are to be seen in the Director's terse paragraphs presenting cases, and in the statements concerning the remarkable cooperation of those patients who have been undergoing long-time treatment in the department of therapeutic research. The latter and much of the other good work of the hospital has been obtained only by virtue of the most friendly interest on the part of social workers who have kept patient and physician constantly in touch with each other and appreciative of each other's needs and points of view.

We have taken special pleasure in observing the high standards of efficiency and up-keep set by the Chief Executive Officer. A good contribution to this, as well as to the education of the nursing profession, has been brought about by the

introduction this year of under-graduate nurses coming from other hospitals. There is no reason why a knowledge of nursing of mental diseases should not be a part of the regular curriculum for nurses.

And once more we would particularly commend the Commissioner of the Department of Mental Diseases for aiding and abetting so substantially the ideals of service and scientific progress which prevail in this hospital.

WILLIAM HEALY, *Chairman.*

ESTHER M. ANDREWS, *Secretary.*

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DIRECTOR'S REPORT

December 9, 1926.

To the Board of Trustees of the Boston Psychopathic Hospital:

In accordance with the provision of the statutes I submit for your consideration the report for the statistical year ending September 30, 1926, and for the fiscal year ending November 30, 1926.

During the past year the work of the Hospital has progressed smoothly and a constant effort has been made to maintain the standard of accomplishment in relation to each of its numerous functions.

The primary role of the Hospital is the care and treatment of the mentally sick. It has also to make a diagnosis in the case of a large number of individuals, whose problems are to a large extent social problems, such as individuals referred from the courts under various charges, individuals whose difficulties are under consideration by welfare organizations, and whose problems require some technical analysis by a psychiatrist, individuals, both juvenile and adults whose adaptation at school or in the factory and store has been so unsatisfactory that special technical examination is required.

In addition to the diagnosis and treatment of patients, the Hospital is responsible for prosecuting research into the nature and causes of mental disorders and into the problems of treatment.

Another important function of the Hospital is as a training centre for many types of workers in the field of mental disorders; these workers make the valuable contribution of their services to the Hospital, while they get from the Hospital opportunities for work which are highly appreciated.

ON THE PERSONNEL OF THE HOSPITAL

The Hospital is dependent for its smooth working upon the intelligent cooperation and personal good will of the various members of the different departments. The general practitioner dealing with individual patients in the home, with complete elasticity as to the arrangements which can be made, sometimes fails to realize the limitations and restrictions under which the medical work of the Boston Psychopathic Hospital is of necessity carried out even with the flexibility of arrangements for which the Commonwealth of Massachusetts has an enviable reputation. No patient can be admitted without a certain formal authorization of varied nature. The duration of the stay in the Hospital may be limited by the nature of this authorization. Thus, the great majority of patients are admitted to the Boston Psychopathic Hospital under a certificate which only authorizes the Hospital to keep the patient for ten days, and should it be desirable for the patient to stay longer he must either make a written statement to that effect himself or application for another form of certificate must be made. The Probate Court in Boston which grants such certificates only sits two days a week for this

purpose and therefore all the data which are required for procuring the necessary certificate must be obtained promptly. These legal requirements necessitate the constant attention of the executive staff, and they sometimes prevent arrangements for the patients being quite as flexible as might be desired from the medical standpoint.

For a comprehensive grasp of the needs of the individual patient and for the prompt arrangement of the measures necessary for his care and treatment, whether in the Boston Psychopathic Hospital or in some other hospital, interviews of the executive physician with the relatives and family physician, examinations by physicians on the wards, by assistants in the laboratories, and by psychologists in their special department, are all required; these diversified activities require continuous coordination to avoid omissions and possible friction. It is, therefore, most gratifying to observe how these somewhat complicated procedures are carried through as a rule with the utmost smoothness and friction is reduced to a minimum. The cooperation of the various departments is very largely aided by the two clinical conferences held each week in which all the departments are represented and where the case is presented not only by the psychiatrist from the point of view of the reaction of the individual, but also by the social worker in the light of a detailed analysis of the life situation, and where in the discussion of the case the psychologists, the occupational therapists and others can contribute much of value.

ON THE CARE AND TREATMENT OF PATIENTS

The above remarks indicate the necessity of continuous attention to certain formal points with regard to the admission, examination and discharge of patients, and the very large number of admissions to the Hospital makes the obligatory routine an affair of considerable dimensions, the danger of which would lie in stereotyping the attitude of the physician and making him less sensitive to the special needs of the individual patient. An effort is therefore constantly made to keep before the members of the staff the necessity of the physician looking upon the patient as his own personal patient and of developing the same close personal touch with his patients which the physician maintains in outside practice. One factor at once stands out in striking contrast with the situation in general practice; the patient with an ordinary physical ailment chooses the doctor in whom he has most confidence and comes spontaneously to him with his ailment. It is another matter in regard to mental disorders where the patient is very often brought to the physician against his own will and where he has had very little choice in regard to the individual physician. This situation where the physician is more or less imposed upon the patient and not selected by him, places an extra responsibility upon the physician for establishing that atmosphere of confidence through which alone the best therapeutic results can be obtained. An effort is therefore continually made to prevent the personal relationship of the patient to the physician from being swamped in the more general relationship of the patient to the Hospital.

In a considerable number of patients physical ailments require the same study and treatment as in a general hospital, and may furnish the main problem of the physician, as in those mental disorders which are the incidental accompaniment of certain infectious disorders, or disorders of heart or kidneys. In other cases where there may be no physical symptoms, the disturbed or uncooperative attitude of the patient renders him not accessible to any intensive personal influence and the physician has chiefly to concern himself with such external matters as the nutrition and the physical well-being of the patient, with sleep and any anomalies of behaviour which require attention.

In a third group of patients the patient is sufficiently accessible to be able to discuss with the physician the main problems in relation to which he has broken down, and the physician can help the patient towards a less emotional reaction to

these problems, towards a better grasp of the issues involved and towards a better practical program of daily life.

With regard to patients with physical ailments, the organization of the work at the Hospital enables thorough studies to be made with the assistance of the clinical laboratories and with the cooperation of the various consultants whose services are very much valued by the staff. In cases which are difficult to interpret there is no difficulty in getting advice from any colleague who has special competence in the field. An example of this cooperation may be referred to; a case of a rare skin disease, *Poikiloderma Atrophicans Vasculare* of Jacobi, which has been studied in great detail by Dr. Bowman and the report of which will soon be available. The patient was seen by Dr. Charles J. White, Dr. Schwartz, Dr. George M. Shattuck and in the study of the microscopical sections of the tissues one had the cooperation of Dr. Charles J. White, Dr. Mallory of the Boston City Hospital and Dr. Stanley Cobb of the Harvard Medical School.

From the point of view of the care and management of patients, the greatest improvement during the past year has been the establishment of a course of training for pupil nurses from affiliated hospitals. This single step had contributed a great deal to the general level of nursing care.

It would be ungrateful to pass over this innovation without explicit reference to the time and energy devoted to it by the Chief Executive Officer. To put in practice this eminently desirable arrangement, Dr. Bonner had to deal with a great variety of difficulties, varying from the economic to the psychological, but he has now the satisfaction of seeing as the result of his efforts a smoothly working scheme under which the patients in the Hospital benefit greatly, while the affiliated nurses have an unusual opportunity of broadening their conception of their professional responsibilities. The Superintendent of Nurses has similarly given much thought to this problem and gone with great care into the question of schedule and curriculum for the affiliated nurses.

With regard to the intensive study of the personal difficulties of those patients who are willing to cooperate in such treatment and who are likely to derive benefit from it, the difficulty is largely the arrangement of the time of the individual physician. The large number of admissions makes so much demand on his time and so many patients must be seen who are unable to stay for more than a brief time at the Hospital, that the physician is apt to take routine work, done in a somewhat rapid way, as representing a tolerable level of work in general, in which case he will fail to go deeply into an analysis of other cases even when time permits it. The physician, therefore, is encouraged so to organize his work that while all his patients receive an adequate if sometimes rather summary review, a few cases are taken up for much more thorough study with the view of throwing some additional light upon the dark places of our knowledge of these disorders. It is only by such a selection of cases that the physician who is overwhelmed with a quantity of admissions can still retain a keen sensitiveness for the quality of clinical analysis.

As in previous years constant use has been made of the clinical laboratory for the routine work in addition to those special studies which have been carried on in the laboratory in regard to special problems of research.

ON PROBLEMS OF RESEARCH

While mental disorders have lost their mystery and are coming to be considered in the same sensible objective way as somatic disorders, the detailed mechanism in the individual case is often very obscure and there are many unsolved problems in this branch of medicine. Some of these problems are of comparatively narrow range and may be concerned with such topics as the chemical composition of the blood, the motility or secretory activity of the intestinal tract, the condition of muscle tone. Other problems concern a much wider field and may deal with types of personality and the various ways in which individuals may react to life situations.

In the former type of problem accuracy of measurement is often quite possible and help may be obtained from data gathered by experimental methods. In regard to the latter type of problem, the method of investigation consists in very accurate observation and analysis of the present condition, with a detailed history and reconstruction of the origin of the behaviour and the beliefs of the patient, as well as a critical estimate of the environmental stresses to which the individual has been subject. A patient with a mental disorder may owe his disorder either to the undermining influence of some disease of the tissues or to the fact that the environment has placed a strain upon his powers of reaction with which he is by constitution and through various modifying forces unable to cope. An example of the former group of troubles is furnished by tumor of the brain, softening of the brain, alcoholic poisoning of the brain; an example of the second group of disorders would be various hysterical conditions, such as the so-called shell-shock of war time.

From the point of view of the community there is no group of mental disorders more important than that represented by those patients who begin to see the world in a distorted way, live through peculiar experiences and withdraw to a more or less complete extent from actual participation in the issues that make up the ordinary life of man. These patients sooner or later are found to be too difficult for the community to assimilate and they have to be placed in state hospitals. As their distorted ideas and peculiar behaviour do not, as a rule, definitely interfere with the simple physical systems, these patients may live on for very long periods in the sheltering atmosphere of a state hospital, which proves to be to them an asylum in the best sense of the term. The problem for the physician is to determine what reduces the interest of these patients in the issues of life, and what permits them to accept such phantastic and illogical formulations as they do, and to exhibit all sorts of oddities and eccentricities of behaviour. In these cases is there any evidence to show some underlying somatic disorder, or on the other hand do these patients represent the later and overt manifestations of a difficulty of adjustment to the environment which had been latent for a long period? Much more work has to be done before an exact formulation of these disorders is possible. At the present time a great deal of the work at the Boston Psychopathic Hospital is concentrated upon this group of disorders in continuation of work done during the perious year.

In the last annual report, Dr. Bowman referred to his intensive study of a group of twenty-four cases undertaken with the view of determining whether there was any uniform physical disorder which might throw light on these conditions. The results of this examination were largely negative although the frequency of gastrointestinal disorders and a low basal metabolism suggested lines of further research. During the present year Dr. Bowman has extended these studies in certain directions as referred to in his part of the report.

Dr. Fulstow, pathologist to the Department of Mental Diseases, in the last annual report reviewed certain claims that had been made as to the abnormal condition of the cardio-vascular system in patients belonging to this group. Her results would make one chary of accepting these claims as throwing much light on the special inability of the patients to meet the demands of the environment.

During the past year Dr. Kasanin made a special study of the blood sugar curve in this group of patients but was unable to find any special characteristic which would be a diagnostic help or an aid towards the interpretation of the disorder.

While these detailed studies with regard to the anatomy, physiology and chemical balance of the individual have been carried on since the last annual report, in the endeavor to reach a conclusion as to whether some fundamental bodily incapacity might be present, attention has also been paid to the other possibility namely that the breakdown of the patient might be in relation to the total personality and life situation rather than in relation to simpler forms of inadequacy. Under the

stresses of life people may become inefficient in various ways and the possibility has to be considered that these disorders represent various ways in which individuals of special degrees and types of sensitiveness react to special situations, which may appear very ordinary to the average person, but which may for a person of special endowment, made more sensitive through special experiences, be very difficult to meet. In order to get a sound basis for an opinion on this topic intensive studies have been made in special cases to see whether in the light of a complete reconstruction of the life history and situation of the individual the mental disorder might become completely intelligible. At the same time a more general review has been undertaken of the great mass of patients in this group to see whether, by means of a statistical analysis, a correlation could be established between environmental stresses and the mental disorder as a whole or certain symptoms of the disorder.

In order to make an adequate statistical analysis under proper control, the cooperation of the Department of Vital Statistics of the Harvard School of Public Health was sought and with this cooperation and with the help of special funds provided from outside sources the statistical investigation of this group has been begun. The extensive review of a large number of cases suggests relationships which might escape the worker buried in the details of individual cases and unable to see the wood for the trees. These suggestions can then be utilized in the study of the individual case and help to make the analysis more pointed. Statistical investigation thus gives additional keenness to clinical analysis and the improvement in clinical analysis again furnishes more valuable material to be utilized by statistical method.

The figures in the various tables that accompany this report do not represent much to the average reader unless the latter has some idea of the actual material in human life from which these tables are the bloodless abstractions. To give additional meaning to these tables, and at the same time to show the nature of the problems with regard to which special research is being carried on, the following consecutive series of cases from the special clinical group under investigation is presented.

A. B., aged 42, the son of a professional man, had been hearing voices since his college years and had once before spent a period of one year in a mental hospital. He was a man of considerable culture. Certain threats against his relatives made it necessary for him to be brought to the Boston Psychopathic Hospital. There was no evidence of any physical illness but the physique of the patient showed certain deviations from that of the normal adult male.

C. D., aged 20, was brought to the Hospital on account of odd behaviour and the possibility that he had tried to poison his child. His story of his life was extremely odd and unreliable and his behaviour previous to admission had obviously been the expression of a disordered personality. There was no physical condition to explain the extraordinary behaviour of the patient and the untrustworthiness of the patient's own account made it difficult to be sure of his early history.

E. F., a woman of 32, the wife of an unstable and alcoholic man. After the birth of her last child she had changed somewhat in her mood and for some time she had heard imaginary voices and felt that she was hypnotized. The patient was definitely underweight but the further examination of her physical condition threw little light upon the disorder.

I. J., a mechanic, 26 years of age, who heard imaginary voices and felt very odd bodily feelings. He claimed (falsely) that he was going to be married; as a matter of fact, he had been very much distressed some years previously over a disappointment in love. The physical appearance of the patient was rather odd; he was definitely undernourished and had some skin disorder; he was slightly deaf, he complained of occasional headache and dizziness.

K. L., a nurse of 53, who had on a previous occasion been in the Hospital. She believed that people were annoying her and staring at her but refused to discuss the situation frankly with the physician. It was not known whether she heard imaginary voices or not. The patient was found, on the whole, to be in a very satisfactory physical condition. On her previous admission she had been overweight.

M. N., a married woman 23 years of age, shortly before admission had begun to express very odd remarks and to behave in an unintelligible and erratic way; she talked of hearing voices. The physical examination threw little light upon the mental disorder. The patient had had a very trying life; she had been illtreated at home by her brother and in her married life there were many conflicts.

O.P., a man of 33 who had been dealing with money in a quite irresponsible way, and had been brought to the attention of the court. The patient did not talk frankly about his beliefs but the physician had the impression that he had delusions and heard voices. He was in fair physical condition.

Q. R., a man of 38 who was brought in on a stretcher from another Hospital and who refused to speak, save for a single remark, during the first few days of his stay in the Hospital. Physical examination failed to disclose any reason for this condition and no information was obtained as to the onset of the condition.

S. T., a carpenter of 23, who for the past six months had shown some change in his character, loss of interest in the environment and unexplained grimacing. In the Hospital he answered no questions except occasionally in writing. The physical examination disclosed no special disorder.

U. V., a woman of 47, who had been deserted by her husband and child, had developed a series of ideas which seemed to bring her a great deal of comfort. She thought her husband was in the neighborhood, heard imaginary voices. The patient was poorly nourished, had some gynecological trouble and had suffered from occasional attacks of vomiting.

W. X., a man of 37 who had been, during part of his life, a heavy drinker. For 2 years previous to admission he felt that his family was treating him badly. He described an odd experience when he claimed that he was in a trance. He had occasionally heard imaginary voices. The patient's condition was based upon a poor original mental endowment and chronic alcoholism. There was no indication of any active physical disorder but he was a rather stout man of somewhat special physical type.

Y. Z., aged 28, had been somewhat odd as a child and at the age of 21 had attempted to commit suicide. She spent 2 years in mental hospitals then remained at home for over 3 years. After the extraction of 4 teeth she had a period of depression and wanted to commit suicide. In the Hospital she admitted having visions; her general reaction was rather silly. Occasional utterances seemed to indicate that she had a feeling of guilt. She imagined that her father was standing near her and she at times heard voices. She was in a condition of poor nutrition but there was no special physical disorder.

B. A., a young man of 26, who shortly after a head injury began to feel that detectives were after him and that people were putting poison in his food. He also behaved in an extremely erratic way to his mother and was extremely antagonistic to both parents. In the Hospital he was very unsociable and evasive and disinclined to talk frankly to the physicians. He made only a brief reference to his morbid ideas. There was no indication of any bodily disorder.

D. C., aged 43, a stenographer who began to think that the police and various business authorities were in league against her, that she was under suspicion. She felt that neighbors turned on violet rays at night and that the drinking water was poisoned. She had seen mysterious lights and heard suspicious noises. The patient was, on the whole, in very satisfactory physical condition.

The complexity of the problems presented by these patients is obvious; the some-

what pessimistic attitude towards the prevention and treatment of mental disorders, which is widely prevalent, is largely due to the absence of any simple and immediate solution of the problem of the treatment of these outspoken cases of mental disorder. This pessimistic attitude is in part an inheritance from the period of abuse and neglect of the insane, a period when study, care and treatment were considered superfluous in view of the assumed supernatural origin of these disorders and their accepted relationship to sin. That period is not so remote as many think; the mode of thought of that period is still all too familiar. The systematic study of mental disorders with an adequate personnel and equipment comparable to that available in internal medicine and surgery is only beginning; it may be some time before this medical activity will be financially endowed in a degree proportionate to its importance. As to the group of cases discussed above, the continuation of detailed research into the bodily functions may show that, notwithstanding the apparently fair general health of the patient, subtle factors are at work undermining important organs or systems; the discovery of such a situation would lead to a purposeful therapeutic attack on the destructive process. On the other hand the mental disorder may be found to be closely related to the special constitutional endowment of individuals of a certain type and to the life experiences to which they have been subject. In this case the problem of prevention may be very complicated and necessitate a serious study of social factors; it may mean more attention to the personality of school children, more guidance with regard to their vocation, an attempt to improve the mental hygiene of the home with emphasis on the relation of children and parents, a healthy atmosphere in regard to the fundamental biological problem of sex, a study of the social factors which act in a detrimental or in a supporting manner upon the personality of each member of the community. Such prophylaxis will never be so simple as the institution of a clean water supply, and one cannot hope to prevent mental disorders with the same simple measures with which one eliminates typhoid fever or malaria; but although not so simple, and requiring a fair level of intelligence and earnest cooperation in the community at large, it does not seem theoretically impossible and in time it may come to be one of the most important health endeavors of a progressive community.

In the report from the bio-chemical laboratory Dr. Grabfield outlines work on certain fundamental problems of the chemical changes within the body; research of this type is necessary if one intends to go beyond the mere descriptive analysis of the behaviour of patients, and to understand the intimate mechanisms which are at the basis of the emotional life and of human personality.

Another detailed piece of research made possible by funds from outside sources has been undertaken in relation to the bacteriological flora of the gastro-intestinal tract. This is an extremely difficult topic for investigation, requiring painstaking investigation over a prolonged period. Before any results can be obtained which will show an obvious relationship to the clinical problems of the wards, a great deal of preliminary work must be done. It is fortunate that there has been secured for this work an investigator so well equipped as Mrs. Agnes Goldman Sanborn who for several years worked in the research laboratories of the Department of Health of New York City.

Throughout the past year Dr. Solomon has continued his systematic researches into the various methods of treating syphilis of the central nervous system, and in the organization of the special clinic devoted to this purpose at the Hospital he is not only contributing to our knowledge of special medical problems but he is also doing a service to the community which is of very definite economic value.

The special lines of investigative activity in the psychological laboratory are referred to in the report of Dr. Wells.

ON THE HOSPITAL AS A TEACHING CENTRE

The Hospital, while primarily engaged in the diagnosis, care and treatment of the sick, serves as a training centre for workers of many types. A constant stream of recent graduates passes through the Hospital, some looking forward to specializing in the field of psychiatry, others intending to enter general practice or some other specialty but realizing the importance in all medical work of some insight into the mechanisms of human behaviour and into the various ways in which failure of adaptation to the social environment may complicate illness of every type. In addition to recent graduates the Hospital also attracts physicians who have already done work in the field of mental disorders but who wish to avail themselves of the special facilities of the Boston Psychopathic Hospital. To such men no systematic postgraduate instruction is as a rule given, as they are physicians of sufficient maturity to be able to work with little detailed direction and supervision. The postgraduate worker frequently has special problems which he wishes to take up and the richness of the material of the Hospital usually enables him to work satisfactorily along his special line. The facilities of the Hospital are available for the instruction of the students of the various medical schools. Mention has been made above of the arrangements whereby pupil nurses from a group of affiliated hospitals receive training in the management of mental cases and in general of the more personal aspects of sickness.

In the psychological department workers gain experience in the application of special psychological methods, by means of which one measures as accurately as possible the factors which are referred to in a summary way as "intelligence", and in the analysis of the special abilities and disabilities of the individual patient especially in relation to such problems as those of vocational guidance.

In the Department of Occupational Therapy students from the Boston School of Occupational Therapy find an opportunity of applying in the specialized field of mental disorders the principles which they have studied in their theoretical course, while at the same time they bring to the department the freshness of interest, which is so valuable to supplement the maturity of experience of those permanently attached to the department.

In the Social Service Department pupils from various schools of social work pass through their apprenticeship and learn in actual contact with real situations to appreciate the bearing of their theoretical instruction and to develop independent judgment in regard to matters of great complexity.

In addition to these systematized teaching activities at the Hospital there is the opportunity for much individual instruction to those who come with patients and who, as teachers, social workers or relatives, may be interested in gaining some insight into the methods of study employed, the formulation of results and the outline of treatment suggested.

ON THE SOCIAL SERVICE DEPARTMENT

The work of the Social Service Department has been prosecuted during the past year along the lines which have been emphasized in each previous annual report. The social worker carries on her investigations in the closest relation with the work of the physician who, without such help, would find it impossible to solve many of his problems and to carry out many of his recommendations. It is not sufficient for the physician to have the patient at the hospital available for study as an isolated individual, the clue to the patient's symptoms is not always to be found from the ordinary physical examination of the patient even with the help of delicate laboratory methods nor is it always provided even by a detailed account of the development of the sickness furnished by the patient. In many cases a satisfactory grasp of the case is only possible when one knows a great deal about the personality of the patient as manifested in daily contacts in school, in office,

in factory or in the home. The present attitude of the patient towards certain situations in life may only be clear when the physician knows about the previous experiences of the patient. The actual difficulties in the patient's life may be better estimated by the worker who is able to go to the factory and the home and to get a first hand appreciation of the factors involved. In the light of these data, the physician may attain a much deeper insight into the case and may be able to make much more precise recommendations for detailed management. Without such help he might only be able to give a rather general diagnosis of the case and have little that is specific to offer in the way of treatment. The readjustment of the patient to the demands of the environment after a period of Hospital residence is often made very much easier through the insight and tactful mediation of the social worker who, through her contact with relatives, with school authorities, with employers, with religious advisors, may modify the patient's situation in a most beneficial way.

It is well to keep in mind the fact that psychiatric social work is not merely a question of tactful management, but that it involves the gradual acquisition of an important body of information on social affairs which is worthy of painstaking analysis. No one who is studying the sociological constitution of a community can afford to put aside the contribution of the psychiatric social worker which gives not only a descriptive account of surface phenomena but pays attention to important underlying forces which are of vital importance for the stability and the cultural values of the community.

ON THE OUT-PATIENT DEPARTMENT

In December 1925 Dr. Martin W. Peck who had been Chief of the Out-Patient Department since October 1922 resigned owing to the increasing demand made on his time by other work. He has continued, however, to keep in touch with the Out-Patient Department as one of the group of volunteer assistants who through maturity of experience contribute so much to the Out-Patient work. Dr. Marianna Taylor who was already familiar with the work in the Out-Patient Department and had been specially occupied with the school survey was appointed Chief of the Out-Patient Department on January 1, 1926.

The continuity of the work was very little affected by the change of personnel, and it is gratifying to report that the level of the work in this department continues to maintain a very high standard. It is not very easy in an Out-Patient Department to do justice to the complexity of the problems presented by psychiatric patients. Here, as in other hospitals, the problem is how to reconcile the necessary thoroughness of examination with the inevitable limitations of time. The examination of a psychiatric patient demands a much more detailed history than in the case of an ordinary physical ailment. It requires attention not only to the physical condition of the patient but to his personality and to the special psychiatric symptoms, and in addition a rather time-consuming psychological estimate of the special abilities and disabilities of the patient may be made; the examination also includes some estimate of the environment in which the patient lives, the school, the home, the workshop. It is obvious that, to cover such an examination even in outline, the physician must devote a considerable amount of time to his patient and the individual physician cannot see many patients in one morning. It is, therefore, a great gain to the department to have the assistance of experienced volunteer assistants who, in many cases, see the patient by appointment and take up the intensive study of the individual case in a series of interviews. In addition the members of the House staff spend some time in the Out-Patient Department. The extent to which psychiatric problems exist in the community will become more and more apparent as the district nurses of the Community Health Association benefit by the arrangements that have been made to familiarize them with the

importance of mental factors in disease. Already the appointment of a mental hygiene advisor in the Community Health Association has done much to call attention to the needs of the community in this respect and the extent of the need is attested by the appointment of an assistant to Miss Donahoe. Owing to this progressive step taken by the Community Health Association, many patients come to the Out-Patient Department for a study of their problems, who otherwise would have been left to muddle along as best they could with no technical assistance. It is hoped that it will be possible for nurses from this Association to spend a certain period of time in close contact with the Social Service Department of the Hospital in order to get a good first hand acquaintanceship with the type of situations to which they need to be sensitive and in relation to which they are in a position to render service.

In order to prevent any divorce between the work in the Out-Patient Department and in the Hospital wards, brief conferences are held at regular intervals in the Out-Patient Department and at these conferences there are present essentially the same group who turn up at the daily conferences which deal as a rule with problems of patients in the Hospital.

As in past years so this year too the school survey of the retarded children in the town of Brookline has been part of the recognized work of the Hospital and its results continue to demonstrate the far-sighted wisdom of those responsible for enacting in 1919 the measure, which provided for the systematic determination of the number of school children retarded in mental development.

The atmosphere of the Hospital has during the past year as heretofore been one of cordial cooperation between groups of workers keenly interested in the welfare of the patients and in furthering research bearing on their problems. The Board of Trustees has continued to be a source of stimulation and constructive criticism and the intimate contact maintained by the individual members of the Board with the work in progress has been of the greatest benefit to the various departments. The work of the hospital would not proceed with its customary smoothness were it not for the steady support given by Dr. Kline, Commissioner of Mental Diseases, to all progressive measures and for his valuable counsel when difficulties arise and for these the director takes this opportunity of expressing the appreciation of himself and staff.

Respectfully submitted,

C. MACFIE CAMPBELL, *Director.*

ANNUAL STATISTICS

CLASSIFIED ACCORDING TO LEGAL STATUS

October 1, 1925 to September 30, 1926

I. Psychoses of All First Admissions During the Year.

	M.	F.	T.
Traumatic Psychoses.....	2	0	2
Senile Psychoses.....	4	12	16
Psychoses with Cerebral Arteriosclerosis.....	19	12	31
General Paralysis.....	85	11	96
Psychoses with Cerebral Syphilis.....	5	0	5
Psychoses with Brain Tumor.....	1	3	4
Psychoses with other Brain or Nervous Diseases.....	25	20	45
Meningococcic meningitis.....	1	0	1
Multiple sclerosis.....	0	1	1
Tabes dorsalis.....	4	0	4
Acute chorea.....	0	2	2
Encephalitis lethargica.....	5	5	10
Cranial stenosis.....	1	0	1
Undetermined.....	14	12	26
Alcoholic Psychosis.....	63	16	79
Delirium tremens.....	10	1	11
Korsakow's syndrome.....	2	0	2
Acute hallucinosis.....	26	9	35
Other types.....	25	6	31
Psychoses Due to Drugs and other Exogenous Toxins.....	3	3	6
Veronal.....	1	2	3
Paregoric.....	0	1	1
Acetanilid.....	1	0	1
Undetermined.....	1	0	1
Psychoses with Pellagra.....	0	1	1
Psychoses with other Somatic Diseases.....	13	34	47
Delirium with infectious disease.....	0	8	8
Post-infectious psychoses.....	1	4	5
Delirium of unknown origin.....	1	8	9
Cardio-renal disease.....	5	8	13
Post-operative delirium.....	0	1	1
Other types.....	3	4	7
Undetermined.....	3	1	4
Manic-depressive psychoses.....	77	117	194
Manic type.....	23	30	53
Depressive type.....	39	69	108
Other types.....	15	18	33
Involution Melancholia.....	4	24	28
Dementia Praecox (Schizophrenia).....	97	106	203
Paranoia or paranoid conditions.....	28	19	47
Epileptic Psychoses.....	8	2	10
Psychoneuroses and Neuroses.....	23	23	46
Hysterical type.....	5	9	14
Psychasthenic type.....	13	9	22
Neurasthenic type.....	5	5	10
Psychoses with Psychopathic Personality.....	5	11	16
Psychoses with Mental Deficiency.....	10	7	17
Undiagnosed psychoses.....	99	59	158
Without Psychosis.....	127	112	239
Epilepsy without psychosis.....	6	2	8
Alcoholism without psychosis.....	12	2	14
Drug addiction without psychosis.....	0	1	1
Psychopathic personality without psychosis.....	27	35	62
Mental deficiency without psychosis.....	33	27	60
Conduct disorder.....	11	16	27
Brain or nervous disease.....	11	7	18
Diseases of the ductless glands.....	1	0	1
Poikiloderma atrophicum vasculare.....	1	0	1
Somatic diseases.....	1	5	6
Acute emotional episode.....	0	1	1
For diagnosis.....	24	16	40
TOTAL.....	698	592	1290

II. Psychoses of All Readmissions During the Year.

	M.	F.	T.
Traumatic psychoses.....	1	0	1
Senile psychoses.....	0	1	1
Psychoses with cerebral arteriosclerosis.....	2	1	3
General paralysis.....	11	3	14
Psychoses with cerebral syphilis.....	0	1	1
Psychoses with brain tumor.....	0	1	1
Psychoses with other brain or nervous diseases.....	4	4	8
Multiple sclerosis.....	0	1	1
Encephalitis lethargica.....	1	2	3
Undetermined.....	3	1	4
Alcoholic psychoses.....	11	8	19
Acute hallucinosis.....	4	4	8
Other types.....	7	4	11
Psychoses due to drugs and other exogenous toxins.....	0	1	1

Veronal.....	0	1	1
Psychoses with other somatic diseases.....	2	2	4
Delirium with infectious disease.....	0	1	1
Post-infectious psychoses.....	1	0	1
Delirium of unknown origin.....	1	1	2
Manic-depressive psychoses.....	27	42	69
Manic type.....	9	18	27
Depressive type.....	10	18	28
Other types.....	8	6	14
Involution melancholia.....	1	2	3
Dementia praecox (schizophrenia).....	42	30	72
Paranoia or paranoid conditions.....	5	8	13
Epileptic psychoses.....	4	3	7
Psychoneuroses and neuroses.....	1	6	7
Hysterical type.....	0	4	4
Psychasthenic type.....	1	0	1
Other types.....	0	2	2
Psychoses with psychopathic personality.....	1	0	1
Psychoses with mental deficiency.....	3	2	5
Undiagnosed psychoses.....	18	10	28
Without psychosis.....	13	22	35
Epilepsy without psychosis.....	2	1	3
Alcoholism without psychosis.....	1	1	2
Psychopathic personality without psychosis.....	4	11	15
Mental deficiency without psychosis.....	4	6	10
For diagnosis.....	2	3	5
TOTAL.....	146	147	293

III. Psychoses of "Temporary Care" Cases. First Admissions

	M.	F.	T.
Traumatic psychoses.....	1	0	1
Senile psychoses.....	3	11	14
Psychoses with cerebral arteriosclerosis.....	17	11	28
General paralysis.....	46	10	56
Psychoses with cerebral syphilis.....	3	0	3
Psychoses with brain tumor.....	1	2	3
Psychoses with other brain or nervous diseases.....	22	16	38
Meningococcic meningitis.....	1	0	1
Multiple sclerosis.....	0	1	1
Tabes dorsalis.....	4	0	4
Acute chorea.....	0	1	1
Encephalitis lethargica.....	4	5	9
Undetermined.....	13	9	22
Alcoholic psychoses.....	59	16	75
Delirium tremens.....	10	1	11
Korsakow's syndrome.....	2	0	2
Acute hallucinosis.....	23	9	32
Other types.....	24	6	30
Psychoses due to drugs and other exogenous toxins.....	2	3	5
Veronal.....	1	2	3
Paregoric.....	0	1	1
Undetermined.....	1	0	1
Psychoses with other somatic diseases.....	9	19	28
Delirium with infectious disease.....	0	4	4
Post-infectious psychoses.....	1	2	3
Delirium of unknown origin.....	1	3	4
Cardio-renal disease.....	3	4	7
Post-operative delirium.....	0	1	1
Other types.....	2	4	6
Undetermined.....	2	1	3
Manic-depressive psychoses.....	62	103	165
Manic type.....	20	26	46
Depressive type.....	30	60	90
Other types.....	12	17	29
Involution melancholia.....	4	22	26
Dementia praecox (schizophrenia).....	77	95	172
Paranoia or paranoid conditions.....	25	18	43
Epileptic psychoses.....	7	2	9
Psychoneuroses and neuroses.....	17	14	31
Hysterical type.....	5	8	13
Psychasthenic type.....	8	3	11
Neurasthenic type.....	4	3	7
Psychoses with psychopathic personality.....	4	9	13
Psychoses with mental deficiency.....	10	7	17
Undiagnosed psychoses.....	92	53	145
Without psychosis.....	118	107	225
Epilepsy without psychosis.....	6	2	8
Alcoholism without psychosis.....	12	2	14
Drug addiction without psychosis.....	0	1	1
Psychopathic personality without psychosis.....	27	34	61
Mental deficiency without psychosis.....	32	27	59
Conduct disorder.....	10	15	25
Brain or nervous disease.....	8	4	12
Diseases of the ductless glands.....	1	0	1
Somatic diseases.....	1	5	6
Acute emotional episode.....	0	1	1
For diagnosis.....	21	16	37
TOTAL.....	579	518	1097

IV. *Psychoses of "Temporary Care" Cases.*
Readmissions.

	M.	F.	T.
Traumatic psychoses.....	1	0	1
Senile psychoses.....	0	1	1
Psychoses with cerebral arteriosclerosis.....	2	1	3
General paralysis.....	9	3	12
Psychoses with cerebral syphilis.....	0	1	1
Psychoses with brain tumor.....	0	1	1
Psychoses with other brain or nervous diseases.....	4	4	8
Multiple sclerosis.....	0	1	1
Encephalitis lethargica.....	1	2	3
Undetermined.....	3	1	4
Alcoholic psychoses.....	11	8	19
Acute hallucinosis.....	4	4	8
Other types.....	7	4	11
Psychoses due to drugs and other exogenous toxins.....	0	1	1
Veronal.....	0	1	1
Psychoses with other somatic diseases.....	2	1	3
Delirium with infectious disease.....	0	1	1
Post infectious psychoses.....	1	0	1
Delirium of unknown origin.....	1	0	1
Manic-depressive psychoses.....	25	38	63
Manic type.....	8	17	25
Depressive type.....	9	16	25
Other types.....	8	5	13
Involution melancholia.....	1	2	3
Dementia praecox (schizophrenia).....	41	24	65
Paranoia or paranoid conditions.....	5	8	13
Epileptic psychoses.....	4	3	7
Psychoneuroses and neuroses.....	1	3	4
Hysterical type.....	0	1	1
Psychasthenic type.....	1	0	1
Neurasthenic type.....	0	2	2
Psychoses with psychopathic personality.....	1	0	1
Psychoses with mental deficiency.....	3	2	5
Undiagnosed psychoses.....	18	8	26
Without psychosis.....	10	20	30
Epilepsy without psychosis.....	1	1	2
Alcoholism without psychosis.....	1	1	2
Psychopathic personality without psychosis.....	4	9	13
Mental deficiency without psychosis.....	4	6	10
For diagnosis.....	0	3	3
TOTAL.....	138	129	267

V. *Psychoses of Voluntary Cases—First Admissions.*

	M.	F.	T.
Psychoses with cerebral arteriosclerosis.....	1		1
General paralysis.....	2	0	2
Alcoholic psychoses.....	3	0	3
Acute hallucinosis.....	3	0	3
Psychoses with pellagra.....	0	1	1
Psychoses with other somatic diseases.....	1	0	1
Cardio-renal disease.....	1	0	1
Manic-depressive psychoses.....	7	4	11
Depressive type.....	5	3	8
Other types.....	2	1	3
Dementia praecox (schizophrenia).....	1	0	1
Paranoia or paranoid conditions.....	1	0	1
Psychoneuroses and neuroses.....	6	8	14
Hysterical type.....	0	1	1
Psychasthenic type.....	5	5	10
Neurasthenic type.....	1	2	3
Undiagnosed psychoses.....	1	1	2
Without psychosis.....	9	5	14
Psychopathic personality without psychosis.....	0	1	1
Mental deficiency without psychosis.....	1	0	1
Conduct disorder.....	1	1	2
Brain or nervous diseases.....	3	3	6
Poikiloderma atrophicum vasculare.....	1	0	1
For diagnosis.....	3	0	3
TOTAL.....	32	19	51

VI. *Psychoses of Voluntary Cases—Readmissions.*

	M.	F.	T.
General paralysis.....	2	0	2
Manic-depressive psychosis.....	1	1	1
Depressive type.....	0	1	1
Psychoneuroses and neuroses.....	0	3	3
Hysterical type.....	0	3	3
Without psychosis.....	3	1	4
Epilepsy without psychosis.....	1	0	1
Psychopathic personality without psychosis.....	0	1	1
For diagnosis.....	2	0	2
TOTAL.....	5	5	10

REPORT OF THE CHIEF MEDICAL OFFICER

To the Director of the Boston Psychopathic Hospital:

I herewith submit the annual report for the medical service.

From the medical standpoint the most important change in the hospital during the past year has been in the nursing care of our patients. The affiliation of this hospital with six of the leading hospitals of Greater Boston has meant that there have been twelve student nurses occupied in the care of the patients on the wards. There can be no question but that our patients have received better care and that this has been a distinct step forward. This affiliation has also imposed further duties and obligations upon the medical staff since they have been called upon to give a series of lectures and clinics as a part of the training course for the affiliated nurses. In other respects there has been no important change in the care and treatment of our patients

In the past we have had considerable difficulty in trying to utilize Wards A and B, which are small wards located on the first floor of the hospital. During the past year Ward A has been used by Dr. Solomon for his research work in neuro-syphilis. It has also been possible to re-open Ward B and from outside funds to provide a special metabolism nurse so that research studies are being conducted on both Wards A and B.

Investigations on Schizophrenia continued along the lines of bio-chemistry and endocrinology. The results of some of these researches were reported at the meeting of the Association for Research in Nervous and Mental Diseases which was held December, 1925, in New York City. Dr. Campbell read a paper outlining the definition of the Schizophrenic reaction. Dr. Bowman read a paper showing the results of a number of endocrine and bio-chemical studies on cases of Schizophrenia. A summary of his findings was given in last year's report. Dr. Marjorie Fultow reported the results of a study of the size of the heart in cases of Schizophrenia. During the past year some work has been done on the blood calcium in catatonic stupors. In general, the findings have been within normal limits. Parathormone injections have been tried in two cases of catatonic stupor with no marked results.

The Suffolk County Medical Society requested that the staff of this hospital should take charge of the program for the regular meeting on Wednesday, October 27, 1926. Papers were read by Dr. Campbell, Dr. Deming, Dr. Solomon and Dr. Bowman.

Dr. Bowman and Dr. Clarke have made a study of a case of Poikiloderma Atrophicum Vasculare, a rare type of skin disease. As there have been but eighteen cases of this disorder reported it was felt that a careful study should be made of this case.

Dr. Rothschild reported three cases of xanthochromia of the cerebrospinal fluid occurring in cases of epidemic encephalitis. He showed that while the spinal fluid of 1279 patients had been examined at the Boston Psychopathic Hospital during the year only six cases showed xanthochromia. Three of these cases occurred in cases of epidemic encephalitis, although during that period only thirty-two patients with this disease had been admitted to the hospital. His observations were considered of importance as xanthochromia is ordinarily regarded as extremely rare in epidemic encephalitis.

Dr. Kasanin and Dr. Petersen reported four cases of encephalitis in which the symptoms at the time of onset suggested that the disorder was a functional psychosis rather than an organic psychosis. It was suggested that mild cases of encephalitis might give a picture which could not be differentiated from that of a schizophrenic or affective disorder.

Dr. Kasanin and Dr. Grabfield reported the blood sugar curves in twenty-four cases of epidemic encephalitis. They concluded that "the blood sugar curve in

epidemic encephalitis and the post-encephalitic state was found to deviate from the best established form with such frequency that we may conclude that there is a fundamental disturbance of the sugar metabolism in this disease." It was also found that "the derangement of the sugar metabolism persists in patients suffering from mental sequelae of this disease."

Dr. Kasanin reported the blood sugar curve in forty cases of schizophrenia. He also reviewed the literature on the subject. He concluded from the 154 cases reported in the literature on the subject and from his own studies that "the average curve of the patients falls well within normal limits although the percentage of abnormal sugar curves is much higher than in healthy subjects. The findings of the various authors were not consistent with each other. In our cases no sugar curve characteristic of this group of conditions was found. Our results fail to confirm the observations of those who claim to have found a characteristic curve in the group. Patients in a stupor usually respond with a high sustained sugar curve although a normal sugar curve as well may be found in stuporous patients."

At the request of the Department of Mental Diseases, the hospital arranged to give a course of instruction for the physicians from the Massachusetts State Hospital Service. Three courses of two weeks each were given during the year. These were given February 1—February 12, June 14—June 26, November 8—November 20. A total of forty-three physicians attended these courses which passed off uneventfully and apparently successfully.

The following report of the dental work has been submitted by Dr. Peter J. Dalton, D.M.D., resident dentist.

Patients examined, 1537; patients receiving treatment, 821; extractions, 1090; fillings, 368; prophylaxis, 426; plates, 3; bridges, 1; crowns, 1; other treatments, 248; X-Ray studies, 170 cases; definite infection, 84 cases; doubtful infection, 29 cases; negative, 57 cases; impacted teeth, 21 cases; doubtful impaction, 11 cases; unerupted teeth, 13 cases; findings in cultures of impacted teeth (one case); gram positive staphylococcus, gram positive bacillus (spore bearer), findings in cultures of abscessed teeth, staphylococcus, gram negative spore bearing bacillus. Many anomalies in tooth, arch, and palatal formation constantly noted. Special work is in progress in the treatment of pyorrhea and abscessed teeth. Results will be given at a later date.

Dr. Eric Kent Clarke of Toronto, Canada, a Fellow of the National Committee for Mental Hygiene, spent three months studying at the Boston Psychopathic Hospital.

Dr. L. C. F. Chevens of England spent three months studying at the Boston Psychopathic Hospital on a fellowship in Psychiatry granted by the University of Manchester, England.

Dr. Jose J. Vergara, Surgeon of the Philippine Health Service, spent six months studying at the Boston Psychopathic Hospital as a graduate student of the Harvard Medical School.

Dr. R. A. Phillips, a Fellow of the National Committee for Mental Hygiene, spent three months studying at the Boston Psychopathic Hospital.

Dr. Wilfred M. Musgrove of the Manitoba Psychopathic Hospital, Canada, and a Fellow of the Rockefeller Foundation, spent one month studying at the Boston Psychopathic Hospital.

Dr. Milfred A. Leach, a trainee of the Veterans' Bureau, spent two months studying at the Boston Psychopathic Hospital as a graduate student of the Harvard Medical School.

Dr. Clyde S. Marshall of Halifax, Canada, a Fellow of the Rockefeller Foundation, spent nine months studying at the Boston Psychopathic Hospital.

Dr. Margaret P. Posthuma of England spent nine months studying at the Boston Psychopathic Hospital as a graduate student of the Harvard Medical School.

Dr. E. T. Baerber, of Cincinnati, Ohio, spent one month studying at the Boston Psychopathic Hospital as a graduate student of the Harvard Medical School.

Dr. Samuel W. Hartwell of New Sharon, Iowa, spent four months studying at the Boston Psychopathic Hospital.

Dr. Max Witte of the Bangor State Hospital, Maine, spent two weeks studying at the Boston Psychopathic Hospital.

Dr. A. J. Lewis of Australia, a Fellow of the Rockefeller Foundation, spent two months studying at the Boston Psychopathic Hospital.

Dr. Toribio Josen, Surgeon of the Philippine Health Service, spent two months studying at the Boston Psychopathic Hospital, as a graduate student of the Harvard Medical School.

During the summer three medical students, who had completed their third year's work, served as student internes (Mr. Frank C. d'Elseaux, Mr. Samuel Brown, and Miss Katherine Woodward.)

KARL M. BOWMAN, *Chief Medical Officer.*

REPORT OF THE OUT-PATIENT DEPARTMENT

To the Director of the Boston Psychopathic Hospital:

I hereby submit the annual report of the Out-Patient Department for the year ending November 30, 1926.

There have been several changes in the personnel during the past year. December 31st, 1925, Dr. Martin W. Peck resigned as Chief of the Out-Patient Department; he continued to attend the clinic, however, certain days of the week, in order to follow intensively a number of cases. Dr. Marianna Taylor succeeded him as Chief of the Service. Dr. Julia Deming was appointed Assistant Physician in the Out-Patient Department September 1st, 1926. Four junior Harvard Medical School students who elected courses in Psychiatry worked with us for a time, in addition to a number of volunteer physicians who have continued, as previously, in attendance. Several psychiatrists, at the Psychopathic Hospital for a period of post graduate study, have also worked in the Out-Patient Department, and regular members of the house staff have had definitely specified mornings when they reported for service in this clinic. Miss Carolyn Rising of the Social Service Staff was appointed in December as clinic manager to fill the place of Miss Bernice Henderson who had resigned.

Prejudice that was once strongly felt toward a mental hospital is apparently being gradually overcome to no small degree, as is shown by the fact that an ever-increasing number of parents and teachers are soliciting our help and are eager to have advice in the case of both children and adults who have no frank mental disorder but who present various kinds of maladjustment owing to complex factors and special types of personality make-up. This past year many unstable children have been studied, children making a faulty adaptation to group life despite superior intelligence. The emotional problems presented have been many and varied. We have been called upon to examine a considerable number of unmarried mothers referred to us by various social organizations for mental rating and vocational guidance. The Children's Hospital has referred an increasing number of children for mental tests and psychiatric advice.

Most of the intensive work done in the case of adults has been in the study and treatment of psychoneurotic conditions. This work has increased in scope and in importance and has much of it been carried on by a few volunteer physicians in attendance upon the clinic. Social organizations, mothers' clubs, etc., have shown an increasing interest in the work of the out-patient department and have referred many patients from outlying neighborhoods. Community and school nurses have brought us cases, as have also teachers in grade and private schools. These

educators, nurses and other workers have been much interested in the work of the hospital, and have attended our conferences. Not infrequently students from the nearby men's and women's colleges have come to us voluntarily for help in their personal difficulties and for vocational guidance and personality study. The community is apparently increasingly alert to the value of preventive work in Mental Hygiene. The psychological department has been much interested in vocational problems and has given special tests, of assistance in vocational guidance. Intensive personality studies have also been undertaken by physicians on the clinical staff and by the psychological department.

Where it has been possible, patients discharged on visit from the hospital have been asked to report at the Out-Patient Department and have been followed by the physicians who had charge of them during their stay in the house, and by the social service department. In this way many persons have made an acceptable adjustment in the community who could not have done so, socially or economically had they been unsupervised. Several have realized the importance of maintaining such contact with the hospital and have returned to report to the clinic when they became aware of certain danger signals pointing to increasing instability. An increasing number of cases have been referred to us by the courts.

Considerable occupational therapy has been carried on in the Out-Patient Department under the direction of Miss Lilla Downer. This work has been thoroughly enjoyed by the children and has proven valuable. This handwork has enabled us to get further insight into the reactions of the patients, their manual dexterity, resourcefulness, etc., and it has also made their period of waiting their turn for interview profitable and pleasurable rather than irksome.

Monday and Wednesday half-hour conferences have been held, as previously, for the reviewing of special cases, at these the Director of the Hospital has presided. In addition to the house staff, visiting physicians, teachers, nurses and workers from various agencies have been present at the meetings and have taken part in the discussion.

Respectfully submitted,

MARIANNA TAYLOR,
Chief of Out-Patient Department.

ADMISSIONS TO OUT-PATIENT DEPARTMENT

December 1, 1925—December 1, 1926.

TOTAL CASES.....1,831

Old Patients.....798

New Patients.....1,033

(General O. P. D. 851)

(Syphilis div.....182)

New Patients:

	Male	Females	Total
Adults.....	211	242	453
Adolescents.....	68	70	138
Children.....	177	83	260
	456	395	851
Syphilis Division.....	80	102	182
	536	497	1033

Nationality

	Male	Female	Total
American.....	203	192	395
Armenian.....	6	3	9
Canadian.....	5	16	21
Colored.....	13	13	26
English.....	14	9	23
French.....	8	7	15
German.....	5	2	7
Greek.....	7	1	8
Hebrew.....	56	43	99
Irish.....	68	48	116
Italian.....	46	24	70
Lithuanian.....	5	2	7
Norwegian.....	1	2	3
Polish.....	2	10	12
Portuguese.....	3	2	5
Scotch.....	3	3	6
Spanish.....	2	3	5
Swedish.....	5	8	13
Syrian.....	2	4	6
Austrian.....	1	2	3
Finnish.....	0	1	1
Chinese.....	1	0	1
	456	395	851

Occupation

	Male	Female	Total
None.....	65	76	141
Newsboy.....	1	0	1
School.....	123	118	241
Clerk.....	7	2	9
Housewife.....	0	63	63
Letter Carrier.....	3	0	3

Domestic.....	0	49	49
Real Estate Dealer.....	2	0	2
Office Worker.....	31	37	68
Factory Worker.....	38	15	53
Electrician.....	7	0	7
Mechanic.....	26	0	26
Buyer.....	3	0	3
Chef.....	4	0	4
Laborer.....	26	0	26
Plumber.....	4	0	4
Carpenter.....	13	0	13
Laboratory Worker.....	1	0	1
Newspaper Publisher.....	1	0	1
Designer.....	3	0	3
Farmer.....	17	0	17
Coast Guard.....	1	0	1
Lawyer.....	1	0	1
Dentist.....	1	0	1
Milliner.....	0	2	2
Janitor.....	4	0	4
Attendant.....	1	6	7
Musician.....	1	1	2
Fireman.....	3	0	3
Brick Mason.....	2	0	2
Linotype Operator.....	1	0	1
Watchman.....	1	0	1
Tailor.....	6	0	6
Engineer.....	5	0	5
Steamfitter.....	1	0	1
Seamstress.....	0	2	2
Barber.....	4	0	4
Teamster.....	4	0	4
Writer.....	3	0	3
Saleswoman.....	0	3	3
Porter.....	2	0	2
Painter.....	3	0	3
Laundry work.....	3	3	6
Chauffeur.....	6	0	6
Junk Dealer.....	1	0	1
Collector.....	2	1	3
Furniture Mover.....	1	0	1
Teacher.....	0	5	5
Accountant.....	2	0	2
Insurance Agent.....	2	0	2
Bundle Girl.....	0	3	3
Printer.....	6	0	6
Librarian.....	0	1	1
Salesman.....	8	0	8
Waitress.....	0	4	4
Telephone Operator.....	0	3	3
Furrier.....	1	0	1
Foreman.....	2	0	2
Proof Reader.....	0	1	1

Referred by

	Male	Female	Total
Psychopathic (House).....	20	24	44
Other Hospitals.....	89	64	153
Private Physicians.....	103	88	191
Social Agencies.....	96	146	242
Court.....	22	5	27
Relatives and Friends.....	54	44	98
Own Initiative.....	38	16	54
School.....	34	8	42
	456	395	851

Problems

Patients have been referred for aid in solution of the following types of problem:

Retardation in school, mental deficiency, complete mental and physical examination, previous to placement in foster homes, vocational guidance, sex delinquency behavior problems (lying, stealing, truancy, enuresis, masturbation, etc.) marital or family discord, inability to hold position, inability to concentrate, irritability, quarrelsomeness, twitching, fatigueability, depression, post-encephalitic disorders, epilepsy, worries, nervousness, alcoholism, restlessness, endocrine imbalance, fainting spells, dizzy spells, aches and pains, speech difficulty, forgetfulness, sex problems, after-care from house.

Diagnosis

	Male	Female	Total
Manic-Depressive, Manic.....	1	4	5
Manic-Depressive, Depressed.....	15	32	47
Senile Psychosis.....	2	1	3
Dementia Praecox.....	28	29	57
Paranoid Condition.....	6	12	18
Psychoneurosis, unclassified.....	12	14	26
Psychoneurosis, Hysteria.....	11	8	19
Psychoneurosis, Neurasthenia.....	9	11	20
Psychoneurosis, Mixed Type.....	2	2	4
Psychoneurosis, Depression.....	3	1	4
Psychoneurosis, Psychasthenia.....	2	2	4
Psychoneurosis, Anxiety.....	15	11	26
Psychoneurosis, Chronic Invalidism.....	5	0	5
Epilepsy.....	12	12	24
Unclassified Psychosis.....	16	16	32
Psychopathic Personality.....	33	20	53
Mental Deficiency.....	72	70	142
No Nervous or Mental Disorder.....	49	36	85
Without Psychosis, Sydenham's Chorea.....	0	1	1
Neurotic Child.....	29	16	45
Backward Child.....	9	5	14
Post Encephalitic Condition.....	7	3	10
Endocrine Imbalance.....	2	0	2
General Paresis.....	7	7	14
Sex Delinquency.....	0	6	6
Drug Addiction.....	0	1	1
Conduct Disorder.....	11	2	13
Low Normal Intelligence.....	21	23	44

Alcoholic Psychosis.....	2	0	2
Chorea.....	1	0	1
? Organic Brain Disease.....	5	0	5
Without Psychosis, but with Other Brain or Nervous Disease; Bulbar Palsy.....	1	0	1
Arteriosclerosis.....	0	1	1
Deferred.....	63	47	110
Psychosis with Cerebral Arteriosclerosis.....	2	0	2
Without Psychosis; Other Brain or Nervous Disease..	3	2	5
	456	395	851

Disposition

	Male	Female	Total
Psychopathic Out-Patient Department.....	280	194	474
Psychopathic Hospital (House).....	58	59	117
Report to Social Agency.....	61	109	170
Report to Court.....	16	2	18
State Hospital Advised.....	7	11	18
Institution for Feeble Minded Advised.....	21	12	33
Report to School.....	6	5	11
Referred to General Hospital.....	4	4	8
Referred to Syphilis Clinic.....	2	0	2
Special Class Recommended.....	1	0	1
	456	395	851

Visits

Total Visits.....	2650
Old Patients.....	1274
New Patients.....	1376
(O. P. D.....)	1194
(Syphilis Division.....)	182)
Clinic Days.....	304
Average Visits per day.....	9

New Patients:

1 Visit per month,	650
2 Visits per month,	130
3 Visits per month,	45
4 Visits per month,	5
5 Visits per month,	11
6 Visits per month,	5
7 Visits per month,	4
8 Visits per month,	1
	851

Old Patients:

1 Visit per month,	573
2 Visits per month,	112
3 Visits per month,	55
4 Visits per month,	31
5 Visits per month,	14
6 Visits per month,	1
7 Visits per month,	4
8 Visits per month,	4
9 Visits per month,	1
11 Visits per month,	1
13 Visits per month,	2

REPORT OF BIO-CHEMICAL LABORATORY

To the Director of the Boston Psychopathic Hospital:

To report the work of the Laboratory of Internal Medicine for the preceding year presents the problem of making the report interesting and varied and at the same time maintaining sufficient continuity with the preceding report so that the successive reports may be read and constitute a connected history of the work of the laboratory.

Last year the various problems under investigation were discussed in some detail. In the present report I do not propose to go into these problems in such detail but simply to indicate the progress which has been made in the problems mentioned last year.

The work on sugar metabolism has been carried as far as seems feasible at present. We feel that this work tends to show that the blood sugar curve and the fasting blood sugar are not of value in the diagnosis of individual cases and probably are not related to pathological emotional states. Similarly the galactose tolerance test has not proved as clean cut in our hands as in those of its author, and we have practically abandoned this. Work on the specific dynamic action of foods on patients with low basal metabolism is progressing but the data accumulated have not as yet assumed sufficient proportions to enable us to reach any conclusion. Work of this sort is extremely time-consuming and our part-time staff needs from four to six uninterrupted hours to accomplish an experiment in this work. Consequently the progress has been slow. However these studies should be completed this year. In cooperation with work at the Medical School we have finished the study of iodides and have been able to show by experiments on dogs that the action of iodides on nitrogen metabolism is accomplished through intervention of the thyroid, that the nitrogen that is mobilized in this fashion is probably "deposit nitrogen" and that the increased excretion of nitrogen following the administration of iodides is not accompanied by a corresponding increase in sulphur excretion.

Fortunately funds have been secured so that the studies of the salicylates and their effect on the nitrogen metabolism may be carried on in one of the small wards on the first floor

Under the direction of Dr. Frank Fremont-Smith and in continuance of some of his work Miss Knapp and Dr. Berk are studying the variations in the concentration of salt and protein in the blood and spinal fluid in fever. The routine work on patients has remained unchanged.

In the past year partitions have been erected in the laboratory which have provided space for Dr. Sanborn who is studying bacteriologic relations between the intestinal flora, diet, and the mental state.

The personnel of the laboratory has remained unchanged and I am delighted to bear enthusiastic testimony to their good work. A list of publications from the laboratory is appended.

PUBLICATIONS.

Bowman, K. M. and Grabfield, G. P. "The Effect of Pituitary Preparations on the Blood Sugar Curve and Basal Metabolism." *Endocrinology*, March-April, 1926, vol. X; no. 2, pp. 201-203.

Kasanin, J. and Grabfield, G. P. "Blood Sugar Curves in Encephalitis." *Archives of Internal Medicine*, Jan. 1926, vol. 37, pp. 102-109.

Kasanin, Jacob. "Blood Sugar Curves in Mental Diseases, II. The Schizophrenic (Dementia Praecox) groups." *Archives of Neurology and Psychiatry*. Oct. 1926, vol. 16, pp. 414-449.

Kasanin, Jacob and Knapp, Emily. "External Factors Causing Variable Results in the Kottmann Reaction." *Archives of Internal Medicine*, July 1926, vol. 38, pp. 129-135.

Grabfield, G. P., Flower, B. H. and Gray, C. G., "The Mechanism of the Effect of Iodides on the Nitrogen Metabolism." Proceedings of the American Society for Clinical Investigation in the Journal for Clinical Investigation, Aug. 1926, vol. 2, no. 6. p. 593.

Bowman, K. M. "Biochemical and Endocrine Studies in Schizophrenia." To appear in the Proceedings of the Association for Research in Nervous and Mental Diseases; also in the Journal of Nervous and Mental Diseases.

Respectfully submitted,

G. PHILIP GRABFIELD,
Chief of Bio-chemical Laboratory.

REPORT OF THE PSYCHOLOGICAL LABORATORY

Developments in the psychometric field have been such as to keep the question of policy in an unsettled state. In general the more important the qualitative aspect of such observations, the greater the advantage in their being made by the clinical authority rather than as a function of ancillary technique. The logical conclusion of such a policy would here place fundamental methods like the Binet and "Performance" (not to mention the association experiment, largely in the hands of the physicians, and refer them to the psychological laboratory where rechecking or refinement of observations was desired. The psychometric work of the laboratory should then be concentrated on questions of vocational adjustments and more complicated procedures such as involve special apparatus (e.g. reaction time measurements). It is probably that in the first named a very useful community service is open to the laboratory, for which its personnel and equipment are reasonably adequate.

The laboratory is somewhat cramped for space but perhaps not more so than other units in the organization. Better utilization of the available space has been developed from the point of view of teaching and of storage room.

The teaching situation, which got somewhat out of hand last year has been brought under satisfactory control with smaller numbers and better supervision. The usual facilities for intensive psychological training have been extended to those authorized by the heads of other units of the State Hospital system.

With the growth of service demands, research has been limited to projects of a minor nature or placed in a position incidental to clinical examinations. Miss Symmes completed a psychometric study of aesthetic preferences which is in the hands of the publisher. Miss Beckwith developed a system for the individual use of the Army Beta Test. They collaborated in special studies of non-readers. Miss Armstrong presented a development of the Army Performance Scale adapted to clinical use. The writer has been concerned with techniques of personality study and the relation of their results to those of more strictly psychometric methods. The volume "Mental Tests in Clinical Practice" has been completed and is in course of publication.

The clerical service of the Laboratory, which has been inadequate for some years, has this year been at its least satisfactory level, and its unfavorable effects have made themselves felt throughout the laboratory's functions. The situation is appreciated by related departments of the institution, which have extended such help as they could.

From the standpoint of immediate service the year has been a relatively active one, although for the above reason the record may not disclose it as such. The outlook from this standpoint is potentially quite promising. Several new and useful examination methods have become available to the staff, especially some with occupational reference, and there is a distinct broadening of the psychometric

work beyond measurements of intellectual functions.

Changes in the staff have been as follows: Miss Persis McClennen resigned May 15, her place being taken by Miss Barbara Kendall. Miss Kendall was on leave of absence during the summer during which time her duties were taken over by Miss Frances Botkin of Smith College until September 25. Miss Edith Symmes resigned August 28 to take a Fellowship at Yale, her place being taken by Miss C. P. Armstrong on leave of absence from the Children's Court Clinic, New York City. Mr. David Shakow resigned August 31 his place being taken by Mr. E. N. Brush of Harvard who came September 15. Miss Esther Beckwith resigned November 15 her place being taken by Miss Ida Rappoport of the University of Wisconsin. The active "turnover" is a function of the salaries available, which have tended to attract competent juniors for limited periods only. In the present development of the work, there is much to be said for compensation that would hold at least one well trained junior for two or three years.

Publications have been as follows:

F. L. Wells. Value-Psychology and the Affective Disorders with Special Reference to Regression. *Journal of Abnormal and Social Psychology*, July 1926.

F. L. Wells. The General Personality and Certain Features of the Sex Life. *Mental Hygiene*, April 1926.

Abstracts of Literature of Periodicals by various members of the staff. (Approximately 130 titles.)

F. L. WELLS,

Chief of Psychological Laboratory.

REPORT OF NEUROPATHOLOGICAL LABORATORY

The Pathologist to the Department of Mental Diseases continues to divide her time between the investigation of sudden or violent deaths at the different State Hospitals throughout the Commonwealth and the responsibilities associated with the neuropathological laboratory.

Since there has been no Assistant Pathologist to the hospital in the past year, the writer has attempted to examine as far as time has allowed all of the tissues from the autopsies which were performed upon the bodies of the Psychopathic Hospital patients. It is felt that in a laboratory which acquires the amount and type of material that this one does, the general level of pathological work can be kept up by doing quite complete routine examinations, as well as by reducing the routine histological work to a low minimum and concentrating on some one problem. Interesting pathological conditions of body organs as well as of brain which would otherwise have gone unnoticed are often found on routine microscopic examination.

During the past fiscal year there have been 41 deaths in the Boston Psychopathic Hospital. Of these 13 were autopsied here—a percentage of 32. Six others were examined by the Medical Examiner, so that the total percentage of autopsied cases is 46. The 13 cases autopsied by us were not so interesting from the standpoint of mental disease as those of some other years have been. Six of the 13 were cases of general paresis. One other case gave negative serological findings but clinical and postmortem examinations suggested paresis. There was one case of pernicious anemia, one of lethargic encephalitis. One was a case of Sydenham's Chorea in which a non-hemolytic streptococcus was isolated from the spinal fluid. The brain showed slight infiltration of the pia mater with lymphocytes. These and a few endothelial leukocytes were found in the perivascular spaces of the sections from basal ganglia. The nerve cells of these regions showed degenerative changes.

One case was that of senile dementia with arteriosclerotic changes and hyper-

trophy of the heart. Two were cases of physical disease with delirium, one of these a streptococcus septicemia, and the other lobar pneumonia.

The average age of the autopsied cases is greater than that of last year. In 1925 the majority of the cases were under 40 years of age, while in 1926 nine of the 13 autopsied cases were 40 or over.

Owing to the fact that four of the 13 autopsies occurred during the last two months of the year and that during one of those months the writer was absent from the laboratory not all of the histological examinations are yet completed.

The director of the laboratory has been for some time interested in neuroglia and its changes in pathological conditions. She spent the month of October at the Presbyterian Hospital, New York City, in Dr. W. G. Penfield's laboratory learning more about this subject and becoming more proficient in the use of the newer silver and gold stains of the Spanish School for the interstitial tissues of the brain.

The bacteriological interne, C. E. Johnson, left Boston to take a surgical internship and his place was taken by L. K. Sycamore, a fourth year student at Harvard Medical School. He reports in the past year:

Blood cultures	28	Urine cultures	2
Throat smears	10	Spinal fluid cultures	1
Throat cultures	4	Spinal fluid smears	1
Widals	4	Examination of drinking water	1
Stool cultures	2	Miscellaneous	7

Besides this routine bacteriology many quarts of acidophilus buttermilk have been prepared.

MARJORIE FULSTOW,
Pathologist, Department of Mental Diseases.

REPORT OF DEPARTMENT OF THERAPEUTIC RESEARCH

In the report of last year, it was noted that patients with paresis had been treated with tryparsamide, malaria, and sodoku. The results of another year's experience with these methods have convinced us of the benefits to be derived. Certainly, as regards malaria and tryparsamide, it is possible to speak a little more dogmatically about the value of these methods of treatment. The time is still too short to draw any definite conclusions as to the value of the sodoku method. However, there are enough indications of its merit to continue its use. Several other clinics have undertaken the use of this method and by comparing the results of their experience with our own, we will be able to draw conclusions later.

It has been the routine work of this hospital to continue the treatment of cases of paresis over a period of many years. A detailed description of treatment methods with results obtained, is now being prepared for publication. It seems worthwhile to call attention to the fact that our method of treatment has been very much more intensive and long-continued than that in use in most other clinics, treatment being continuously given to patients for a number of years; even after malaria or sodoku, the patient is continued on treatment with tryparsamide, arsphenamin, and allied drugs, in an attempt to get a completely negative serology as well as a good clinical result. In the course of the past year more cases have shown that it is possible to get this type of result with the continuation of treatment over a period of several years. This means that the patient must attend the clinic regularly week in and week out for an almost indefinite period.

One hears many statements to the effect that patients cannot be induced to continue treatment for such a long time. The experience at our clinic has been that the patients will continue treatment. The continuance or discontinuances of treatment on the part of the patient depends to a considerable extent upon the

atmosphere of the clinic and the personal relationships established with the patient. Unquestionably a large part of the success of this clinic in getting patients to cooperate to the fullest is due to each patient being made to feel that he is of especial interest. He is considered as a worthwhile personality, not merely as a clinic patient with a number. An interest is shown in his home problems, in his adaptation to his environment both from the social and economic standpoint. He is usually greeted on his arrival at the clinic by the social worker, who treats him as an important member of society. The doctors know him and call him by name. The clinic is so organized that long waits are unusual. The waiting room is not altogether unattractive. In other words, there is something of the psychiatric viewpoint applied in the handling of the patients and under these circumstances they not only attend the clinic regularly and faithfully, and cooperate in the matter of lumbar punctures, but when discharged tend to come back to pay friendly visits.

The type of treatment essential to get the best results in cases of paresis and other severe forms of neurosyphilis is such that it is difficult for an individual of average income to obtain his treatment privately. It is, therefore, quite essential that some organization make such treatment available. It would seem that State rather than private philanthropy is the more fitting.

In the course of the years the clinic has been sought by many patients with tabetic neurosyphilis. In order to give them much needed help, an afternoon period has been set aside for reeducation in coordination. It is our belief that this has a very distinct place in the work and is accomplishing quite satisfactory results.

During the year pneumo-ventriculography through the spinal route has been introduced into the work. This has some special value in determining the amount of brain damage present in some of the patients, thus offering a possible prognostic criterion.

With the cooperation of the medical laboratory, studies have been made on chloride metabolism during malarial fever. This has particular relationship to the cerebrospinal fluid in febrile conditions. This work will be continued during the succeeding year.

As in the past years, we have been anxious to be of any possible assistance to other state hospitals and have been of some help in establishing malarial treatment of paresis.

Last year it was noted that there had been a growth in the size of the neurosyphilitic clinic. There has been an increase in the number of individuals reporting for examination during the present statistical year with some diminution in the number of cases continued under treatment, as the following table indicates.

	1924-25			1925-26		
	1st time			1st time		
	this			this		
	New	year	Total	New	year	Total
House Cases.....	172	7	179	179	19	198
Number of persons who reported to O. P. D.						
(Patients and relatives).....	222	150	372	377	143	520
		1924-25			1925-26	
Visits made.....			3840			4575
Number of cases who reported for treatment (New and						
1st time this year).....			221			192
Treatments given House and O. P. D. patients (Originals						
and relatives).....			3560			3388
Arsphenamin.....			896			820

Bismuth.....	6	2
Drainage.....	79	4
Intracistern.....	1	4
Intraspinous.....	46	5
Malaria.....	31	46
Mercury.....	495	557
Relapsing Fever.....	3	1
Sodoku.....	30	20
Sulpharsphenamin.....	41	11
Tryparsamide.....	1959	2408
Ventriculography.....		10
Percentage of Families followed who were examined.....	83.47 +	86.66
Percentage of Relatives followed who were examined.....	75.47 +	77.77

Dr. Arthur Berk has continued his work in this Department. Acknowledgment should be made of the financial aid received by a grant of money from the Division of Mental Hygiene, Massachusetts Department of Mental Diseases, as well as of funds from private sources.

Miss Martha Gorovitz resigned as social worker to the Department to take a training course in psychiatric social work at Smith College. She was succeeded in the position by Mrs. Lois M. Foote. Mrs. Maida H. Solomon has continued to supervise the social work.

PUBLICATIONS FROM THE DEPARTMENT

Solomon, H. C. and Viets, H. R. Tryparsamide Treatment of Neurosyphilis. *Jour. of Amer. Med. Soc.*, June, 1925.

Solomon, H. C. Some Dogmatic Statements Concerning Treatment of Neurosyphilis. *Boston Med. and Surg. Jour.* Vol. 193, No. 9, pp. 390, Aug. 27, 1925.

Ayer, J. B. and Solomon, H. C. Cerebrospinal Fluid from Different Loci. *Archives of Neur. and Psych.* Sept. 1925, Vol. 14, p. 303.

Solomon, H. C. To Banish Paresis from the Earth: *Mental Hygiene Bulletin*, November, 1925.

Solomon, H. C. Pregnancies as a Factor in the Prevention of Neurosyphilis. *Amer. Jour. of Syphilis*, Vol. X, No. 1, January, 1926.

Solomon, H. C., Berk, A., Theiler, M., and Clay, C. L. The Use of Sodoku in the Treatment of General Paralysis. *Archives of Internal Medicine.* Sept. 1926. Vol. 38, pp. 391.

Wilson, Richard B. Brain Repair. *Archives of Neurology and Psychiatry.* January, 1926, Vol. 15, pp. 75-84.

Solomon, Maida H. The Need of Social Service Follow-up in Syphilis Cases. *Journal of Social Hygiene*, Vol. 11, No. 8, November, 1925.

Solomon, Maida H. The Relation of Psychiatric Social Work to Mental Hygiene. *Monthly Bulletin, Massachusetts Society for Mental Hygiene.* Vol. 5, No. 8, October, 1926.

Respectfully submitted,

H. C. SOLOMON,

November, 1926.

Chief of Therapeutic Research.

REPORT OF THE CHIEF EXECUTIVE OFFICER

At this writing, department for department, the institution is well equipped. Responsible positions seemingly are in the hands of capable incumbents, and the hospital as an organization should be in a position to initiate and sustain high grade achievements. However, the ideal of perfection is neither obtained nor retained excepting that a continued stimulus be present. The earnest determina-

tion to keep this institution to the forefront as a psychiatric center provides this enthusiasm.

The care of patients for the purpose of discussion may be divided into two classes. First, the house cases, and secondly, the out-patient cases. In the first instance painstaking medical treatment has been provided and attention to the individual patient has been stressed. The acquisition of twelve pupil nurses in place of attendants has raised the level of nursing to a degree comparable to that existing in any high grade general hospital. The benefits of affiliative nursing have been a pleasant revelation. The addition of well trained young women to our nursing force has already shown us that we should regret the past without their services. It can be said that our patients are now receiving ward care and attention far surpassing any previous efforts. Thus the standard of medical and nursing care has progressively improved. This comment is based on actual observation from daily inspection of patients and records and hearty commendation is due our medical staff and nursing personnel for duties sincerely and efficiently performed. The Out-Patient Department meets the problems of patients who are residing at home. These types range in degree from the mildest psychoneurotics to the actually psychotic individual. Within this group we find persons who are poorly adjusted to environment, with personality defects and incompatible temperaments. We have learned that these cases are amenable to treatment which requires specialized skill. The psychotherapy and recommendations must be forceful enough to follow them in their life at home and in business. The study and correction of these types form a large part of Out-Patient activities.

The study of children has assumed increased importance and this work has also largely been carried on in the Out-Patient Department. Heretofore we have spoken in terms of adult care and treatment. There is today a powerful urge to focus attention on the pre-psychotic youngster, on various types of misbehavior and misconduct in children. Preventive mental hygiene concentrated in this direction will mean a reduction of adult psychoses. This hospital gladly accepts these children for study for the time is ripe to face the problem in its incipency rather than at its termination.

MAJOR IMPROVEMENTS

New elevator doors, providing safety and convenience.

The erection of partitions providing a new Bacteriological Laboratory.

The erection of partitions creating two much needed rooms in the male physicians' quarters.

The erection of an ammonia vent pipe from the engine room.

Protective copper covering of pergola timbers.

The construction of a cement stairway leading from the building to the garden.

THE BUILDING AND EQUIPMENT

The usual repairs and renewals have been carried out through the year, and in addition the following sections have been newly painted: The entire basement, the domestic quarters and employees' quarters over the garage, the kitchen, several rooms in the male physicians' corridor, nurses' quarters, Ward A and the Occupational Therapy Department.

The Occupational Therapy Department has contributed useful and ornamental articles to the wards, such as curtains, bookcases, rugs and pictures. In no way can an occupational department better advertise its usefulness than by the creation of things which beautify wards and comfort patients.

The Engineer and his assistants have willingly aided in new construction and have made possible many of the changes of a structural nature.

The Psychological Department has expanded to the point when it is quite

necessary to have a full time stenographer. This request has been made in due form to the Department of Mental Diseases.

For several years the activities of hoodlums in the destruction of property has given concern, particularly during the Summer months. I am pleased to report that this vandalism was entirely eliminated by the addition of a temporary watchman during the months of July, August, September and October.

Plans for the future expansion of the institution are herewith recorded. The purchase of a house on Fenwood Road to be used as a Nurses' Home would allow us from 15 to 20 rooms in the hospital. At the present time there is not one extra room for employees.

It will be necessary to enlarge the Out-Patient space in the near future and the study of children could be facilitated by constructing two wards solely for them. The Psychological Department has also outgrown its present quarters. A four-story annex to be erected in the lot in the rear of the Out-Patient Department would provide the necessary space for these plans to be carried out and it seems possible that all laboratory work might be transferred to this proposed new annex which will allow more ward space for adult cases.

Outside enclosed balconies on wards two and three would give the patients access to fresh air and sunshine. These could be constructed of concrete, steel and glass, and are quite desirable.

The plumbing within the next few years will have to be renovated since the galvanized iron piping is gradually becoming occluded and inefficient.

More space for the library will also have to be considered in the scheme of expansion.

A new refrigerating machine is recommended since the old one is obsolete and becoming very troublesome and expensive in upkeep.

In terminating my report I desire to thank all my associates in work for their cooperation, and the Department of Mental Diseases and the Trustees for their wise counsel.

C. A. BONNER,
Chief Executive Officer.

CHANGES IN STAFF

A. RESIGNATIONS

Dr. Clements C. Fry, medical officer, resigned on September 30, 1926.

Dr. Jacob Kasanin, medical officer, resigned on May 1, 1926.

Dr. J. Norman Petersen, medical interne, resigned on September 1, 1926.

Dr. Margaret P. Posthuma, medical interne, resigned on October 1, 1926.

Dr. Ian S. Skottowe, medical interne, resigned on September 27, 1926.

Dr. Martin W. Peck, chief of Out-Patient Department, resigned in December 1925.

Dr. Mary E. Morse, assistant pathologist, resigned on October 17, 1926.

B. NEW APPOINTMENTS AND PROMOTIONS

Dr. Sidney G. Biddle was appointed medical officer October 1, 1926.

Dr. George A. Elliott was appointed medical officer May 15, 1926.

Dr. Edwin F. Gildea was appointed medical interne April 9, 1926.

Dr. Samuel W. Hartwell was appointed medical interne July 31, 1926.

Dr. Ives Hendrick was appointed medical interne September 1, 1926.

Dr. Charles S. Kubik was appointed medical interne August 12, 1926.

Dr. James R. Linton was appointed medical interne October 1, 1926.

Dr. Florence Meredith was appointed medical interne October 1, 1926.

Dr. Charles H. Kimberly was appointed assistant medical officer November 15, 1926.

Dr. Marianna Taylor was appointed chief of Out-Patient Department January 1, 1926.

Dr. Julia Deming was appointed Out-Patient Department Medical Officer September 1, 1926.

SOCIAL SERVICE DEPARTMENT

I herewith present the report of your Social Service Department for the year November 1, 1925 to November 1, 1926.

Three members of the staff have resigned during the past year; two to accept executive positions with greatly increased salaries—Miss Moyer going to Honolulu and Miss Henderson to New York. Miss Gorovitz was awarded a scholarship for special study by the United Jewish Charities of Boston, looking toward her appointment, at the completion of her studies, as special psychiatric adviser to their organization.

We are particularly fortunate in have secured, not only well-trained workers but two have had experience in their field work in this hospital and know the community, to fill these vacancies.

Four community surveys have been done during the year—Roxbury, Charlestown, Jamaica Plain and Somerville.

Two special studies have been complete; one, "A study of Fifty Unselected Social Service Cases coming to the Out-Patient Department of the Boston Psychopathic Hospital—with Special Emphasis upon the Problem of Recreation and Social Contacts;" the other a careful study of 150 Court cases that had been studied both medically and socially by this hospital.

We have also contributed to a study being made by Dr. F. L. Wells. About seventy of his cases were studied in the community and social data secured.

Social histories were prepared on about thirty cases as a contribution to a study being made by the Department of Ethics, Harvard University under the direction of Dr. Glueck.

We have also contributed to the study now being made of the "Crime-Wave and what may be done by the community in the way of preventive work."

A sub-committee is studying all the possible organizations and opportunities for recreation and the community surveys which have been made in this department contain a larger body of material as a basis for this study than that offered by any other agency. On request all of our surveys were put at the disposal of the worker on this phase of the question.

One Radio talk has been given on "What a Psychopathic Hospital Out-Patient Department can do for a child."

A new connection has been established with the Community Health Organization. According to the plan made a nurse from each district will be sent to this department for a period of three month's training and special study until there will be at least one nurse in each district who has had some psychiatric training.

We are also fortunate in having secured a volunteer worker from the Junior League of Boston to assist Miss Downer in our recreational and occupational work in the Out-Patient Department. Last year they sent us some Christmas decorations and this year they are going to be very liberal in this regard to the Social Service and Out-Patient Departments.

The Junior Red Cross have also made contributions during the year of toys, scrap-books and many other things that have helped to make our work with the children successful.

Visits and special programs have been arranged for a number of visiting groups; three for Simmons College School of Social Work; one for Boston University School of Religious Education; one for School of Public Health Nursing; five for groups of community workers.

On request our outline for Organization and Personnel, Outline for Case Taking, Sample Case Histories, and Statement Outlining the Functions of a Psychiatric Social Service Department have been furnished to a number of physicians and social workers from many parts of the world—China, Scotland, Norway, Denmark, Jugoslavia, Switzerland, France, Germany and a large number of places in the United States.

A very unusual experience came to the department during the year in that one patient insisted upon making a contribution toward the work and presented us with \$25. This money has enabled us to be helpful in some special cases and the work accomplished because this was available makes us realize how much we might be able to do if we had at our disposal a fund for incidental use. Previously, any work of this kind has been financed by members of the staff and this of course has been to a very limited extent.

In the work of the department during the past year special emphasis has been placed on *treatment* and as a result we feel that constructive work and better adjustments have been made in a large number of cases.

Respectfully submitted,

SUZIE L. LYONS,

Chief of Social Service.

SOCIAL SERVICE STATISTICS

NOVEMBER 1, 1925 TO NOVEMBER 1, 1926.

Total number cases considered including those interviewed in out-patient department, 2610. *Intensive cases*: old cases, 148; new cases, 630; adult, 480 (male, 285; female, 195; children, 150 (male, 92; female, 58); closed, 615; continued, 163.

Sources of new cases (no case is considered unless referred by staff physician). House, 486; out-patient, 144.

Purpose. Medical-social and environmental investigation, 630.

Nature of social service rendered in new cases: Treatment, 415; special investigation, 215.

Visits: To patients and relative in hospital, 1659; to patients or in the interest of patients, 4770.

Closed cases: 615; (social problems involved in closed cases). Personal, 786; family, 454; community, 375;.

Housing Conditions: Good, 198; fair, 201; bad, 216.

Out-Patient Department: Number patients interviewed at Clinic, 1830. Referred by: Psychopathic (house), 44; other hospitals, 153; private physicians, 191; social agencies, 242; court, 27; relatives and friends, 98; own initiative, 54; school, 42.

Disposition: Psychopathic out-patient department, 474; psychopathic (house), 117; report to social agency, 170; report to court, 18; state hospital advised, 18; institution for F. M. advises, 33; report to school, 11; report to General hospital, 8; report to Syphilis Clinic, 2; Special class recommended, 2.

Technical Work: (Including Syphilis service): Telephone, 5933; in, 1645; out, 4288. Letters, 3492; expense, \$593.42.

Outstanding Social Problems

Mental Disorder, 254

Lack of Recreation and Social Contacts,
265

Maladjustment in Home, 243

Poor Heredity, 175

Delinquencies, 261

Legal Difficulties, 185

Poor environment, 198

Lack of early Training and Discipline,
175

Conduct disorder, 150

Poor home hygiene, 187

Maladjustment in school, 120

Maladjustment in industry, 104

Mental defect, 68

Poor home discipline, 106

P.D. 137

Marital discord, 78
 Financial stress, 154
 Sexual delinquencies
 Anti-social habits, 92
 Stealing, 45
 Court cases, 245
 Wayward tendencies, 43
 Lying, 39
 Vacillating interests, 38
 Unemployment, 37
 Bad companions, 98
 Marital maladjustment, 566
 Physical disorder, 35
 Syphilis, 31
 Sexual promiscuity, 38
 Lack of proper supervision, 39
 Unwise discipline, 57
 Economic dependence, 23
 Poor personal hygiene, 42
 Outbursts of temper, 22
 Emotional instability, 80
 Unsuitable surroundings, 38
 Seclusiveness, 17
 Neglect of children, 37
 Epilepsy, 16
 Irregular employment, 15
 Unstable personality, 72
 Separation from church, 10
 Homosexuality, 20
 Neurotic child, 26
 Uncongenial home environment, 9
 Lack of educational opportunities, 19
 Unsuitable employment, 14
 Fugues, 18
 Lack of education, 16
 Insufficient income, 36
 Mixed marriage, 6
 Convulsive attacks, 16
 Poor sleeping habits, 26
 Vagrancy, 5
 Spoiled child, 46
 Breaking and entering, 6
 Sexual perversion, 10
 Drug addiction, 8
 Deafness, 5
 Homelessness, 14
 Illiteracy of parents, 4
 Irritability (extreme), 14
 Change of personality, 24
 Friendlessness, 14
 Enuresis, 6
 Over-indulgent family and friends, 23
 Desertion, 17
 Truancy, 9
 Over-indulgent mother, 10

Separation from wife, 9
 Non-citizen, 3
 Suicidal attempt, 9
 Nail-biting, 6
 Lack of definite interests, 22
 Mentally defective wife, 2
 Prostitution, 9
 Assault and battery, 10
 Forgery, 12
 Chorea, 1
 Larceny, 11
 Facial twitching, 6
 Maladjustment in foster home, 4
 Stammering, 5
 Loveless marriage, 1
 Illiteracy, 1
 Illegitimate child, 1
 Gonorrhea, 9
 Gambling, 4
 Murderer, 1
 Jealousy, 10

ADJUSTMENTS

Hospital care, 266
 Institutional care, 59
 Recreational program, 317
 Co-operation of family, 225
 Home adjustment, 270
 Improved home hygiene, 182
 School adjustment, 91
 Employment adjustment, 55
 Co-operation of other agencies, 68
 Co-operation of relatives, 152
 Co-operation of friends, 148
 Change of environment, 139
 Legal assistance, 52
 Interest and co-operation of priests and
 clergymen secured, 37
 Employment, 35
 Improved environment, 44
 Financial adjustment, 32
 Special training, 25
 Financial aid, 22
 Affiliated with church, 29
 Re-education of mother, 18
 Improved personal hygiene, 26
 Vacation, 17
 Broader outlook, 12
 Special school, 14
 Medical treatment, 13
 Special clubs and classes in connection
 with settlement houses, 15
 Re-admission to public school, 3
 Foster home, 12
 Co-operation of probation officer, 3
 Special placement, 12

Membership in Y. M. C. A. 2
 Membership in Speech Readers' Guild 2
 Gymnasium privileges, 14
 Tonsillectomy arranged, 2
 Died, 1
 Y. M. C. A. Boys' Club, 1
 Legal guardianship of child by State secured, 1
 Separation from wife, 1
 Special care of children, 10
 Re-education of father, 12
 Boys' Club, 13

Part-time employment, 1
 Music lessons, 1
 Arrangement for dental work, 1
 Full-time apprentice job, 1
 Big brother secured, 2
 Boy Scout Troop, 1
 Glee Club, 1
 Mother's Club, 1
 Jacoby Club, 1
 Speech Training, 2
 Scholarship for intensive work in lip-reading secured, 1
 Deportation, 1

REPORT OF SUPERINTENDENT OF NURSES

To the Director of the Boston Psychopathic Hospital:

I herewith present the annual report of the Nursing Department for the year ending November 30, 1926.

On Nursing Service: Superintendent of Nurses, 1; Assistant Superintendent of Nurses, 1; Instructor (full time), 1; Female Supervisor (night), 1; Male Supervisor (day), 1; Assistant Supervisors, 2; Hydrotherapists, 2; Head Nurse—operating room, 1; Head Nurses—wards, 6; Graduate Nurses—general ward duty, 2; Student Nurses, 12; Female Attendants, 9; Male Attendants, 13.

Appointments and Resignations: Miss Mae Doriss, Assistant Superintendent of Nurses, resigned. Miss Harriet Hewitt was promoted from Night Supervisor to Assistant Superintendent of Nurses. Mrs. Poppas was promoted from Head Nurse to Night Supervisor. Miss Jane Stone, hydrotherapist, resigned. Mrs. Maud Butler, hydrotherapist, appointed. Head Nurses resigned, 4. Head Nurses appointed, 2.

Special Nursing: During the year the number of Special Nurses was 25. Total number of weeks in wards, 52.

The past year has been a busy and rather eventful one for the Nursing Department. Aside from the usual number of interesting and difficult cases, we had for prolonged periods many patients on the dangerously ill list, who required close supervision and careful nursing. This with the increased number of clinics and the usual amount of illness among the employees has taxed to the utmost the resourcefulness of the Nursing Department. The splendid spirit of team work existing between the different departments has made it possible to meet this rather trying situation with quite a degree of success and satisfaction.

On October first we started a three months affiliating course with six general hospitals—namely: The Faulkner, Newton, Cambridge, New England Baptist, Beth Israel and Waltham Hospital. These hospitals have guaranteed to send us two student nurses every three months, which will keep us continuously supplied with twelve students, making an annual enrollment of 48 student nurses.

In order to accommodate these students, and also from a financial standpoint, it was necessary to relinquish four female attendants and two graduate nurses.

Although affiliation has only been in operation two months, there is a marked improvement in the nursing care on the wards. Heretofore with our limited staff of graduate nurses, it was impossible to give to the patients who did not require much physical care, that individual attention, tactful sympathy and the understanding of the many problems which confront the patient in the convalescent stage of mental illness.

The student nurses are entering into this new field of work with much interest

and enthusiasm, and we are looking forward to a higher level of attainment in nursing efficiency on the wards during the coming year.

Nursing mental diseases is more strenuous and makes greater demands on the patience, resourcefulness and health of the nurse than the care of the sick in general hospitals. Therefore I feel that in order to produce a pleasant off-duty atmosphere to compensate for the many hours of arduous work on the wards, we need a nurses' home, which will afford opportunities for recreation and a change of environment, so necessary for the mental and physical health of the nurse.

Respectfully submitted,

MARY FITZGERALD,

Superintendent of Nurses.

Hydrotherapy

Treatments were administered to 272 male and female patients in the hydriatric suite. Foot Baths, 1,332; Salt Glows, 1,257; Electric Light Baths, 237; Saline Baths, 113; Sitz Baths, 167; Tub Shampoos, 783; Hair Shampoos, 657; Needle Sprays, 4,013; Fan Douches, 4,013; Jet Douches, 1,932; Rain Douches, 598; Scotch Douches, 127.

Continuous Baths

Number of patients, 695; Number of baths, 3,668; Number of hours, 19,221.

Wet Sheet Packs

Number of patients, 132; Number of packs, 351; Number of hours, 1,071.

REPORT OF THE OCCUPATIONAL THERAPY DEPARTMENT

To the Director of the Boston Psychopathic Hospital:

The Occupational Therapy Department has continued its work of providing a program of activity and varied interests for the patients. We have followed the lines already laid down with slightly varied emphasis. Our main work is providing occupation which shall be of interest to the patient. Our work centers around the needs of the hospital so that the patient shall feel the immediate value of the things which are accomplished. We have continued our interest in the hospital furnishings and we find an active need for practically all the output of the department. The articles made include curtains, table covers, sofa cushions, rugs, waste baskets, flower baskets, desk furnishings, books rebound, chairs re-caned and refinished, toys, dish mops, shelves, stands, decorations, favors for parties, printed forms for hospital use, etc.

We have emphasized this year the recreational side of our work. We have had no outside help in physical training, but we have incorporated it as a regular part of our work rather than as a special feature. The last half hour of the morning session has been given to physical exercises and games for the women patients. We find that the patients react well to the stimulating effects of the activity and the play spirit. For some months we have been fortunate in having the assistance of a patient who has had physical training. We have also given especial attention to the evening parties for the patients. We feel that these parties are valuable in breaking the routine of hospital life and also in the chance they give for varied occupation in the preparation of decorations and favors.

We have continued our work of supplying the wards with reading material. In this we are indebted to the Lend-A-Hand Society for their generous contributions of magazines.

We have had good success with our roof garden. We have made some use of bulbs as well as winter plants for the sun parlor and a variety of annual plants or out-of-door blooming.

The general appearance of the department has been greatly improved during the past year. The whole department has been freshly decorated with an attractive color scheme and the woodwork has been refinished. Transparencies on the transoms and a set of new curtains have added to the attractiveness of the sun parlor.

There has been a change in the personnel of the department, Miss Margaret Coolidge having resigned in May. We were fortunate in securing Miss Dorothy Hayden to fill the position. We have continued our relation with the Boston School of Occupational Therapy, having taken eleven students into the department for a period of one month's training. We are also giving two weeks' training to each of the affiliated student nurses.

We were hampered in our ward work during the summer by the illness of the assistant occupational therapist, but we were able to resume the ward classes in the fall during the stay of the students in training. It seems to be impossible to place the ward work on a more permanent basis without the services of another salaried worker. On this account we make an especial effort to receive into our department every patient for whom the shop work is possible. In this way we sometimes work with patients who might not ordinarily be sent to a department. As far as it is possible to do so we feel that there is a great advantage in having patients come to the department and in providing a change in the ward routine.

There were 1808 articles made in the department and 17,550 forms, etc. printed. The attendance has been as follows: Women—average (shop), 21; enrollment, 782. Men—average (shop), 20; enrollment, 811. Ward—(4 mos.) average, 6.

Respectfully submitted,

ETHELWYN F. HUMPHREY

PUBLICATIONS FROM THE CLINICAL SERVICE AND LABORATORIES

Bowman, K. M. & Fry, C. C. The Basal Metabolism in Mental Disease, No. 2.

The Archives of Neurology and Psychiatry, December 1925.

Bowman, K. M. & Grabfield, G. P. The Effect of Pituitary Preparations on the Blood Sugar Curve and Basal Metabolism. *Endocrinology*, April 1926.

Bowman, K. M. Training your Child. *Monthly Bulletin of the Massachusetts Society for Mental Hygiene*, May 1926.

Bowman, K. M. & Clarke, E. K. A Case of Poikiloderma Atrophicum Vasculare. To be published shortly.

Bowman, K. M. Delinquency. To appear in *Massachusetts State Hospital Bulletin*.

Bowman, K. M. Endocrine and Bio-chemical Studies in Schizophrenia. To appear in proceedings of Association for Research in Nervous and Mental Diseases; also in *Journal of Nervous and Mental Diseases*.

Campbell, C. M. Delusion and Belief. *Harvard University Press, Cambridge*, 1926.

Campbell, C. M. Two Cases Illustrating the Combination of Affective and Schizophrenic Symptoms. *American Journal of Psychiatry*, Vol. VI, No. 2, October 1926.

Grabfield G. P., Gray, C. G. & Flower, B. H. Mechanism of Action of Iodides on Nitrogen Metabolism. *Proceedings of American Society for Clinical Investigation in Journal of Clinical Investigation*, Vol. 2, August 1926.

Kasanin, J. & Petersen, J. N. Psychois as an Early Sign of Epidemic Encephalitis. *Journal Nervous and Mental Disease*, October 1926.

Kasanin, J. & Grabfield, G. P. Blood Sugar Curve in Epidemic Encephalitis. *Archives of Internal Medicine*, January 1926.

Kasanin, J. The Blood Sugar Curve in Mental Disease. *Archives of Neurology and Psychiatry*, October 1926.

Kasanin, J. & Knapp, E. External Factors Causing Variable Results in the

- Kottmann Reaction. Archives of Internal Medicine, July 1926.
- Meredith, F. Hygiene. P. Blakiston's Son & Co., Philadelphia, 1926.
- Rothschild, D. Xanthochromia in Epidemic Encephalitis. Archives of Neurology and Psychiatry, March 1926.
- Solomon, H. C. & Viets, H. R. Tryparsamide Treatment of Neurosyphilis. Journal of American Medical Society, June 1925.
- Solomon, H. C. Some Dogmatic Statements Concerning Treatment of Neurosyphilis; Boston Medical and Surgical Journal, Vol. 193, No. 9, pp. 390, August 27, 1925.
- Solomon, H. C. & Ayer, J. B. Cerebrospinal Fluid from Different Loci. Archives of Neurology and Psychiatry, Vol. 14, p. 303, September 1925.
- Solomon, H. C. To Banish Paresis from the Earth. Mental Hygiene Bulletin, November 1925.
- Solomon, H. C. Pregnancies as a Factor in the Prevention of Neurosyphilis. American Journal of Syphilis, Vol. X, No. 1, January 1926.
- Solomon, H. C., Berk, A., Theiler, M. & Clay, C. L. The Use of Sodoku in the Treatment of General Paralysis. Archives of Internal Medicine. September 1926.
- Solomon, M. H. The Need of Social Service Follow-up in Syphilis Cases. Journal of Social Hygiene, Vol. II, No. 8, November 1925.
- Solomon, M. H. The Relation of Psychiatric Social Work to Mental Hygiene, Monthly Bulletin, Massachusetts Society for Mental Hygiene, Vol. 5, No. 8, October 1926.
- Taylor, M. The Flapper. Hygiea, May 1926.
- Wells, F. L. Value—Psychology and the Affective Disorders with Special Reference to Regression. Journal of Abnormal and Social Psychology, July 1926.
- Wells, F. L. The General Personality and Certain Features of the Sex Life. Mental Hygiene, April 1926.

VALUATION

NOVEMBER 30, 1926.

REAL ESTATE

Land, 2 acres.....	\$45,060.00
Buildings.....	616,490.36
	\$661,550.36

PERSONAL PROPERTY

Travel, transportation and office expenses.....	\$3,417.23
Food.....	1,666.30
Clothing and Materials.....	1,459.61
Furnishings and household supplies.....	18,684.82
Medical and General Care.....	11,903.80
Heat, light and power.....	654.84
Farm.....	
Garage, stables and grounds.....	141.65
Repairs.....	1,088.14
	\$39,016.39

SUMMARY

Real Estate.....	\$661,550.36
Personal property.....	39,016.39
	\$700,566.75

TREASURER'S REPORT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1926.

CASH ACCOUNT

Receipts

<i>Income</i>	
Board of Patients.....	\$18,112.75
Reimbursements.....	3,181.72
	\$21,294.47
Personal Services	
Reimbursement from Board of Retirement.....	90.36
Sales	
Food.....	99.58
Repairs, ordinary.....	27.52
Arts and crafts sales.....	61.08
Total sales.....	\$188.18
Miscellaneous	
Interest on bank balances.....	\$195.34
Rent.....	1,800.00
Sundries.....	54.00
	\$2,049.34
Unclaimed Wages.....	.96
Total income.....	\$23,623.31

MAINTENANCE

Balance from previous year, brought forward.....	\$1,904.94
Appropriations, current year	
Maintenance expenses.....	224,900.00
Total.....	\$226,804.94
Expenses (as analyzed below).....	217,734.72

Balance reverting to Treasury of Commonwealth.....	\$9,070.22
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Analysis of Expenses

Personal services.....	\$139,028.29
Religious instruction.....	900.00
Travel, transportation and office expenses.....	6,352.75
Food.....	31,450.03
Clothing and materials.....	1,000.39
Furnishings and household supplies.....	4,732.28
Medical and general care.....	17,188.04
Heat, light and power.....	9,629.30
Farm.....	
Garage, stable and grounds.....	325.23
Repairs ordinary.....	3,316.66
Repairs and renewals.....	3,811.75
Total expenses for Maintenance.....	\$217,734.72

PER CAPITA

During the year the average number of inmates has been, 84.31.
 Total cost for maintenance, \$217,734.72.
 Equal to a weekly per capita cost of \$49.6644. (52 weeks to year).
 Receipt from sales, \$188.18.
 Equal to a weekly per capita of \$.0429.
 All other institution receipts, \$23,434.17.
 Equal to a weekly per capita of \$5.3452.
 Net weekly per capita \$44.2763.

Respectfully submitted,
 ANNE B. KIMBALL, *Treasurer.*

STATISTICAL TABLES

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

TABLE 1.—*General Information*

1. Date of opening as an institution for the insane: June 24, 1912.						
2. Type of institution: State.						
3. Hospital plant:						
Value of hospital property						
Real estate including buildings.....						\$661,550.36
Personal property.....						39,016.39
Total.....						\$700,566.75
Total acreage of hospital property owned, 2.04						
4. Officers and employees.						
	ACTUALLY IN SERVICE AT END OF YEAR			VACANCIES AT END OF YEAR		
	M.	F.	T.	M.	F.	T.
Superintendents.....	1	—	1	—	—	—
Assistant physicians.....	10	4	14	—	—	—
Medical internes.....	4	—	4	1	—	1
Clinical assistants.....	—	—	—	—	—	—
Total physicians.....	15	4	19	1	—	1
Stewards.....	—	—	—	—	—	—
Resident dentists.....	1	—	1	—	—	—
Graduate nurses.....	2	12	14	—	1	1
Other nurses and attendants.....	16	13	29	—	4	4
Teachers of occupational therapy.....	—	2	2	—	—	—
Social workers.....	—	5	5	—	—	—
All other officers and employees.....	21	47	68	—	—	—
Total officers and employees.....	55	83	138	1	5	6
5. Census of patient population at end of year						
	ACTUALLY IN INSTITUTION			ABSENT FROM INSTITUTION BUT STILL ON BOOKS		
White	M.	F.	T.	M.	F.	T.
Insane.....	42	33	75	42	27	69
Mental defectives.....	—	2	2	—	—	—
All other cases.....	6	—	8	—	—	—
Total.....	48	37	85	42	27	69
Colored						
Insane.....	1	—	1	—	—	—
Total.....	1	—	1	—	—	—
Grand Total.....	49	37	86	42	27	69
6. Patients employed in industrial classes or in general hospital work on date of report.....	M.	F.	T.			
.....	26	24	50			
7. Average daily number of all patients actually in institution during year.....	46.69	36.20	82.89			
8. Voluntary patients admitted during year.....	14	5	19			
9. Persons given advice or treatment in out patient clinics during year.....	825	1005	1830			

TABLE 2.—*Financial Statement*

See Treasurer's report for data requested under this table.

TABLE III.—*Movement of Patient Population for Year Ending September 30, 1926*

	INSANE			TEMPORARY CARE			SANE VOLUNTARY			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	T.	F.
1. Insane patients on books of institution at beginning of institution year.....	52	46	98	30	25	55	5	1	6	87	72	159
2. Admissions during year:												
a. First Admissions.....	87	55	142	578	518	1096	32	18	50	697	591	1288
b. Readmissions.....	3	13	16	139	129	268	5	6	11	147	148	295
To Commitment from Temporary Care, To Sane Voluntary from Temporary Care.....	2	6	8	—	—	—	—	1	1	2	7	9
c. Transfers from other institutions for mental diseases.....	5	5	10	—	—	—	—	—	—	5	5	10
3. Total received during year.....	97	79	176	717	647	1364	37	25	62	851	751	1602
4. Total on books during year.....	149	125	274	747	672	1419	42	26	68	838	823	1761
5. Discharged from books during year:												
a. As recovered.....	1	0	1	17	7	24	4	0	4	22	7	29
b. As improved.....	8	18	26	92	107	199	17	10	27	117	135	252
c. As unimproved.....	18	14	32	473	392	865	7	6	13	498	412	910
d. As without psychosis.....	0	0	0	133	130	263	9	8	17	142	188	280
e. Transferred to other institutions for mental diseases.....	41	39	80	—	—	—	—	—	—	44	39	83
From Temporary Care to Commitment, from Temporary Care to sane voluntary.....	—	—	—	2	7	9	—	—	—	2	7	9
f. Died during year.....	11	13	24	10	8	18	1	—	1	22	21	43
6. Total discharged, transferred and died during year.....	82	84	166	727	651	1378	38	24	62	847	739	1606
7. Insane patients remaining on books of institution at end of institution year.....	67	41	108	20	21	41	4	2	6	91	64	155

TABLE 4.—*Nativity of First Admissions and of Parents of First Admissions for the Year Ending September 30, 1926*

	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	Males	Females	Total	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States..	63	31	94	37	38	75	21	18	39
*Canada.....	2	9	11	7	6	13	8	12	20
China.....	—	—	—	1	—	1	—	—	—
England.....	1	1	2	1	3	4	—	2	2
Germany.....	1	—	1	1	1	2	1	1	2
Greece.....	1	—	1	1	1	2	—	—	—
Ireland.....	5	7	12	12	12	24	12	10	22
Italy.....	—	—	—	3	3	6	1	1	2
Poland.....	—	—	—	1	1	2	—	1	1
Portugal.....	1	—	1	2	2	4	—	—	—
Russia.....	3	4	7	7	7	14	6	5	11
Scotland.....	3	—	3	5	4	9	2	1	3
Sweden.....	1	—	1	1	1	2	—	—	—
Turkey in Asia..	1	—	1	1	1	2	—	—	—
†West Indies ..	1	—	1	1	2	3	—	—	—
Other countries..	4	1	5	5	5	10	1	1	2
Unascertained..	—	2	2	1	—	1	3	3	6
Total.....	87	55	142	87	87	174	55	55	110

*Includes Newfoundland.

†Except Cuba and Porto Rico.

TABLE 4-a.—Age of First Admissions Classified with Reference to Nativity and Length of Residence in the United States of the Foreign Born, for the Year Ending September 30, 1926

AGE GROUPS	NATIVE BORN PARENTAGE																		UNASCERTAINED
	AGGREGATE			TOTAL			NATIVE			FOREIGN			MIXED						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 15 yrs.	1	1	2	1	1	2	-	-	-	1	-	1	-	1	1	1	-	-	-
15-19 years.	7	6	13	6	4	10	1	2	3	4	4	4	1	1	2	-	1	1	-
20-24 years.	10	10	20	9	6	15	3	4	7	4	2	6	-	1	3	-	-	-	-
25-29 years.	9	8	17	9	5	14	2	2	4	3	1	4	-	2	2	-	-	-	-
30-34 years.	6	8	14	5	4	9	1	1	2	1	1	2	-	1	2	-	-	-	-
35-39 years.	17	3	20	12	5	17	4	2	6	4	1	5	-	1	5	-	-	-	-
40-44 years.	13	4	17	8	5	13	2	1	3	2	1	3	-	1	3	-	-	-	-
45-49 years.	8	2	10	3	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-
50-54 years.	6	4	10	3	3	6	1	1	2	1	1	2	-	1	2	-	-	-	-
55-59 years.	3	7	10	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-
60-64 years.	5	2	7	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-
65-69 years.	2	-	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	87	55	142	63	31	94	31	16	47	20	7	27	11	7	18	1	1	2	-

FOREIGN BORN

TIME IN UNITED STATES BEFORE ADMISSION

AGE GROUPS	TOTAL			Under 5 Years			5-9 Years			10-14 Years			15 Years and over			Unascertained			Nativity Un'tained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-19 years.	1	1	2	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	1	1	—
20-24 years.	1	3	4	1	—	1	—	1	1	—	1	1	—	1	1	—	—	—	—	—	—
25-29 years.	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years.	1	4	5	—	1	1	—	—	—	—	1	1	1	2	3	—	—	—	—	—	—
35-39 years.	5	1	6	—	—	—	—	—	—	—	—	—	5	1	6	—	—	—	—	—	—
40-44 years.	8	3	11	—	—	—	—	—	—	—	—	—	8	2	10	—	1	1	—	—	—
45-49 years.	3	—	3	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—
50-54 years.	3	2	5	—	—	—	—	—	—	—	—	—	3	2	5	—	—	—	1	1	—
55-59 years.	—	5	5	—	—	—	—	—	—	—	—	—	—	5	5	—	—	—	—	—	—
60-64 years.	1	1	2	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—
65-69 years.	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Total...	24	22	46	1	3	4	1	2	3	—	2	2	22	14	36	—	1	1	—	2	2

TABLE 5.—Citizenship of First Admissions for the Year Ending September 30, 1926

	M.	F.	T.
Citizens by birth.....	63	31	94
Citizens by naturalization.....	8	3	11
Aliens.....	7	10	17
Citizenship unascertained.....	9	11	20
Total.....	87	55	142

TABLE 6.—*Psychoses of First Admissions for the Year Ending September 30, 1926*

PSYCHOSES	M.	F.	T.	M.	F.	T.
Traumatic psychoses.....				1	—	1
Senile psychoses.....				1	1	2
Psychoses with cerebral arteriosclerosis.....				1	1	2
4. General paralysis.....				37	1	38
Psychoses with cerebral syphilis.....				1	0	1
6. Psychoses with Huntington's chorea.....				0	0	0
7. Psychoses with brain tumor.....				—	1	1
8. Psychoses with other brain or nervous diseases, total*.....				4	4	8
Acute chorea.....	—	1	1			
Other diseases.....	4	3	7			
9. Alcoholic psychoses, total.....				1	—	1
Other types, acute or chronic.....	1	—	1			
10. Psychoses due to drugs and other exogenous toxins, total.....				1	—	1
Other exogenous toxins.....	1	—	1			
11. Psychoses with pellagra.....				—	—	—
12. Psychoses with other somatic diseases, total.....				3	15	18
Delirium with infectious diseases.....	—	4	4			
Post-infectious psychosis.....	—	2	2			
Delirium of unknown origin.....	—	5	5			
Cardio-renal diseases.....	1	4	5			
Other diseases or conditions.....	2	—	2			
13. Manic-depressive psychoses, total.....				8	10	18
Manic type.....	3	4	7			
Depressive type.....	4	6	10			
Other types.....	1	—	1			
14. Involution melancholia.....				—	2	2
15. Dementia praecox (schizophrenia).....				19	11	30
16. Paranoia and paranoid conditions.....				2	1	3
17. Epileptic psychoses.....				1	—	1
18. Psychoneuroses and neuroses, total.....				—	1	1
Psychasthenic type (anxiety and obsessive forms).....	—	1	1			
19. Psychoses with psychopathic personality.....				1	2	3
20. Psychoses with mental deficiency.....				—	—	—
21. Undiagnosed psychoses.....				6	5	11
22. Without psychosis, total.....				—	—	—
Total.....				87	55	142

*Give total for each numbered group, and, so far as possible, the number in each subdivision.

TABLE 7.—*Race of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

RACE	TOTAL			TRAU- MATIC			SENILE			WITH CEREBRAL ARTERIO- SCLEROSIS			GENERAL PARALYSIS			WITH CEREBRAL SYPHILIS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	3	—	3	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—
Armenian.....	2	—	2	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—
English.....	18	7	25	1	—	1	—	—	—	1	1	—	6	1	7	—	—	—
French.....	1	1	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
German.....	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Greek.....	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Hebrew.....	8	7	15	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—
Irish.....	16	15	31	—	—	—	1	1	2	1	—	1	9	—	9	—	—	—
Italian*.....	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Lithuanian.....	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese.....	2	—	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Scandinavian†.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch.....	4	1	5	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—
Syrian.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races.....	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Mixed.....	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unascertained.....	21	22	43	—	—	—	—	—	—	—	—	—	7	—	7	—	—	—
Total.....	87	55	142	1	—	1	1	1	2	1	1	2	37	1	38	1	—	1

TABLE 7.—*Race of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926—Continued*

RACE	WITH BRAIN TUMOR			WITH OTHER BRAIN OR NERVOUS DISEASES			ALCO- HOLIC			DUE TO DRUGS AND OTHER EXOGEN- OUS TOXIN			WITH OTHER SOMATIC			MANIC- DEPRESSIVE			INVOLU- TION MEL- ANCHOLIA		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)...	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian...	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English...	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	4	1	5	-	-	-
French...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew...	-	1	1	1	2	3	-	-	-	-	-	-	-	1	1	2	1	3	-	-	-
Irish...	-	-	-	-	1	1	1	-	1	-	-	-	1	2	3	1	2	3	1	1	-
Italian*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Scotch...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other spe- cific races...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Race unas- certained...	-	-	-	1	1	2	-	-	-	1	-	1	-	11	11	-	5	5	-	1	1
Total...	-	1	1	4	4	8	1	-	1	1	-	1	3	15	18	8	10	18	-	2	2

TABLE 7.—*Race of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926—Concluded*

	DEMENTIA PRAECOX			PARANOIA AND PARANOID CONDI- TIONS			EPILEPTIC PSYCHOSES			PSYCHO- NEUROSES AND NEUROSES			WITH PSYCHO- PATHIC PERSON- ALITY			UNDIAG- NOSED PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English...	3	3	6	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
French...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
German...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew...	1	1	2	-	-	-	-	-	-	-	-	-	1	1	1	-	-	1
Irish...	2	4	6	-	-	-	-	-	-	1	1	-	-	-	-	3	-	3
Italian*	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Lithuanian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Scandinavian	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Scotch...	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Syrian...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Turkish...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Other specific races...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed...	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Race unascertained...	10	2	12	1	1	2	-	-	-	-	-	-	0	1	1	1	-	1
Total...	19	11	30	2	1	3	1	-	1	-	1	1	1	2	3	6	5	12

TABLE 8.—*Age of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			UNDER 15 YEARS			15—19 YEARS			20—24 YEARS			25—29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
2. Senile.....	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.....	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis.....	37	1	38	—	—	—	—	—	—	1	—	1	—	—	—
5. With cerebral syphilis.....	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	4	4	8	—	—	—	1	—	1	—	2	2	1	—	1
9. Alcoholic.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	3	15	18	—	1	1	—	3	3	—	1	1	—	2	2
13. Manic-depressive.....	8	10	18	—	—	—	—	—	—	2	2	4	1	1	2
14. Involution melancholia.....	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	19	11	30	—	—	—	3	2	5	5	2	7	6	3	9
16. Paranoia or paranoid conditions.....	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
19. With psychopathic personality.....	1	2	3	—	—	—	1	—	1	—	2	2	—	—	—
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	6	5	11	1	—	1	1	—	1	2	1	3	—	1	1
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	87	55	142	1	1	2	7	6	13	10	10	20	9	3	17

TABLE 8.—*Age of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926—Continued*

PSYCHOSES	30—34 YEARS			35—39 YEARS			40—44 YEARS			45—49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.....	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis.....	4	—	4	12	—	12	8	—	8	5	—	5
5. With cerebral syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	—	1	1	1	—	1	—	—	—	—	—	—
9. Alcoholic.....	—	—	—	—	—	—	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins.....	—	—	—	1	—	1	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	—	2	2	—	—	—	1	2	3	—	—	—
13. Manic-depressive.....	—	2	2	1	2	3	—	1	1	2	—	2
14. Involution melancholia.....	—	—	—	—	—	—	—	1	1	—	1	1
15. Dementia praecox.....	2	2	4	1	1	2	2	—	2	—	—	—
16. Paranoia or paranoid conditions.....	—	—	—	—	—	—	1	—	1	—	1	1
17. Epileptic psychoses.....	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	—	1	1	1	—	1	—	—	—	1	—	1
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	6	8	14	17	3	20	13	4	17	8	2	10

TABLE 8.—*Age of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926—Concluded*

PSYCHOSES	50—54 YEARS			55—59 YEARS			60—64 YEARS			65—69 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	—	—	—	—	—	—	—	1	1	—	—	1
3. With cerebral arteriosclerosis.....	—	—	—	—	1	1	1	—	1	—	—	—
4. General paralysis.....	5	—	5	2	1	3	—	—	—	—	—	—
5. With cerebral syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	—	1	1	—	—	—	1	—	1	—	—	—
9. Alcoholic.....	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	—	1	1	—	2	2	2	1	3	—	—	—
13. Manic-depressive.....	1	1	2	—	1	1	—	—	—	1	—	1
14. Involution melancholia.....	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	—	1	1	—	—	—	—	—	—	—	—	—
16. Paranoia or paranoid conditions.....	—	—	—	—	—	—	1	—	1	—	—	—
17. Epileptic psychoses.....	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	—	—	—	—	2	2	—	—	—	—	—	—
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	6	4	10	3	7	10	5	2	7	2	—	2

TABLE 9.—Degree of Education of First Admissions Classified with Reference to Principal Psychoses
for the Year Ending September 30, 1926

	TOTAL			ILLIT- ERATE			READS AND WRITES*			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNAS- CERTAINED		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
2. Senile.....	1	1	2	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
4. General paralysis.....	37	1	38	-	-	-	-	-	-	20	1	21	-	-	-	-	-	-	1	1	1
5. With cerebral syphilis.....	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
6. With Huntington's Chorea.....	1	-	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	4	4	8	-	-	-	-	-	-	3	2	5	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	2	2	2
10. Due to drugs and other exogenous toxins.....	1	-	1	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With somatic diseases.....	3	15	18	-	-	-	-	-	-	1	11	12	-	-	-	-	-	-	-	-	-
13. Manic-depressive.....	8	10	18	-	-	-	-	-	-	1	3	4	7	5	1	1	1	1	2	2	2
14. Invololution melancholia.....	-	2	2	-	-	-	-	-	-	-	1	1	1	1	1	-	-	-	-	-	-
15. Dementia praecox.....	19	11	30	-	-	-	-	-	-	7	2	9	8	1	1	4	1	1	1	1	1
16. Paranoia or paranoid conditions.....	2	1	3	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
17. Epileptic psychoses.....	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	1	1	2	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	1	1	1
19. With psychopathic personality.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	6	5	11	-	-	-	-	-	-	1	3	4	7	1	-	-	-	-	1	1	1
21. Undiagnosed psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	87	55	142	-	-	-	3	2	5	45	28	73	28	16	44	9	2	11	2	7	9

*Includes those who did not complete fourth grade in school.

TABLE 10.—*Environment of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			URBAN			RURAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	1	—	1	—	—	—
2. Senile	1	1	2	1	1	2	—	—	—
3. With cerebral arteriosclerosis	1	1	2	1	1	2	—	—	—
4. General paralysis	37	1	38	37	1	38	—	—	—
5. With cerebral syphilis	1	—	1	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—
7. With brain tumor	0	1	1	0	1	1	—	—	—
8. With other brain or nervous diseases	4	4	8	4	4	8	—	—	—
9. Alcoholic	1	—	1	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	1	—	1	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	15	18	3	15	18	—	—	—
13. Manic-depressive	8	10	18	8	10	18	—	—	—
14. Involution melancholia	—	2	2	—	2	2	—	—	—
15. Dementia praecox	19	11	30	19	10	29	—	1	1
16. Paranoia or paranoid conditions	2	1	3	2	1	3	—	—	—
17. Epileptic psychoses	1	—	1	1	—	1	—	—	—
18. Psychoneuroses and neuroses	0	1	1	0	1	1	—	—	—
19. With psychopathic personality	1	2	3	1	2	3	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	6	5	11	6	5	11	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—
Total	87	55	142	87	54	141	—	1	1

TABLE 11.—*Economic Condition of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			DE- PENDENT			MARGINAL			UNASCE- TAINED		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1	—	1	—	—	—	1	—	1	—	—	—
2. Senile	1	1	2	—	—	—	1	1	2	—	—	—
3. With cerebral arteriosclerosis	1	1	2	—	—	—	1	1	2	—	—	—
4. General paralysis	37	1	38	—	—	—	37	1	38	—	—	—
5. With cerebral syphilis	1	—	1	—	—	—	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	1	1	—	—	—	—	1	1	—	—	—
8. With other brain or nervous diseases	4	4	8	—	—	—	4	4	8	—	—	—
9. Alcoholic	1	—	1	—	—	—	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins	1	—	1	—	—	—	1	—	1	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	15	18	—	—	—	2	15	17	1	—	1
13. Manic-depressive	8	10	18	—	—	—	8	10	18	—	—	—
14. Involution melancholia	—	2	2	—	—	—	—	2	2	—	—	—
15. Dementia praecox	19	11	30	1	—	1	18	11	29	—	—	—
16. Paranoia or paranoid conditions	2	1	3	—	—	—	2	1	3	—	—	—
17. Epileptic psychoses	1	—	1	—	—	—	1	—	1	—	—	—
18. Psychoneuroses and neuroses	—	1	1	—	—	—	—	1	1	—	—	—
19. With psychopathic personality	1	2	3	—	—	—	1	2	3	—	—	—
20. With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses	6	5	11	—	—	—	6	5	11	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—
Total	87	55	142	1	—	1	85	55	140	1	—	1

TABLE 12.—*Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			ABSTINENT			TEMPERATE			INTER- TEMPERATE			UNASCER- TAINED		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
2. Senile.....	1	1	2	-	-	-	-	1	1	1	-	1	-	-	-
3. With cerebral arterio- sclerosis.....	1	1	2	-	1	1	1	-	1	-	-	-	-	-	-
4. General paralysis.....	37	1	38	18	-	18	12	1	13	3	-	3	4	-	4
5. With cerebral syphilis..	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
6. With Huntington's chorea.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	4	4	8	1	3	4	2	-	2	-	-	-	1	1	2
9. Alcoholic.....	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins.....	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	3	15	18	1	10	11	1	-	1	1	-	1	-	5	5
13. Manic-depressive.....	8	10	18	7	8	15	1	1	2	-	-	-	-	1	1
14. Involution melancholia..	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	19	11	30	11	9	20	3	-	3	1	-	1	4	2	6
16. Paranoia or paranoid conditions.....	2	1	3	1	-	1	1	-	1	-	-	-	-	1	1
17. Epileptic psychoses.....	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
18. Psychoneuroses and neuroses.....	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic per- sonality.....	1	2	3	-	1	1	-	-	-	1	1	-	1	-	1
20. With mental deficiency..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses..	6	5	11	2	3	5	1	1	2	1	-	1	2	1	3
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	87	55	142	42	39	81	23	4	27	9	1	10	13	11	24

TABLE 13.—*Marital Condition of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
2. Senile.....	1	1	2	-	-	-	1	-	1	-	1	1	-	-	-
3. With cerebral arterio- sclerosis.....	1	1	2	-	-	-	1	1	2	-	-	-	-	-	-
4. General paralysis.....	37	1	38	6	-	6	28	-	28	1	1	2	2	-	2
5. With cerebral syphilis..	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	4	4	8	3	-	3	1	3	4	-	1	1	-	-	-
9. Alcoholic.....	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	3	15	18	1	6	7	2	6	8	-	3	3	-	-	-
13. Manic-depressive.....	8	10	18	2	5	7	6	-	6	-	5	5	-	-	-
14. Involution melancholia..	-	2	2	-	-	-	-	2	2	-	-	-	-	-	-
15. Dementia praecox.....	19	11	30	17	7	24	2	3	5	-	1	1	-	-	-
16. Paranoia or paranoid conditions.....	2	1	3	2	1	3	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic per- sonality.....	1	2	3	1	1	2	-	1	1	-	-	-	-	-	-
20. With mental deficiency..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses..	6	5	11	5	1	6	1	4	5	-	-	-	-	-	-
22. Without psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	87	55	142	40	23	63	44	20	64	1	12	13	2	-	2

TABLE 14.—*Psychoses of Readmissions for the Year Ending September 30, 1926*

PSYCHOSES	M.	F.	T.
1. Traumatic psychoses.....	—	—	—
2. Senile psychoses.....	—	—	—
3. Psychoses with cerebral arteriosclerosis.....	—	—	—
4. General paralysis.....	—	—	—
5. Psychoses with cerebral syphilis.....	—	—	—
6. Psychoses with Huntington's chorea.....	—	—	—
7. Psychoses with brain tumor.....	—	—	—
8. Psychoses with other brain and nervous diseases.....	—	—	—
9. Alcoholic psychoses.....	—	—	—
10. Psychoses due to drugs and other exogenous toxins.....	—	—	—
11. Psychoses with pellagra.....	—	—	—
12. Psychoses with other somatic diseases.....	—	1	1
13. Manic-depressive psychoses.....	2	3	5
14. Involution melancholia.....	—	—	—
16. Dementia praecox.....	1	6	7
95. Paranoia or paranoid conditions.....	—	—	—
81. Epileptic psychoses.....	—	—	—
11. Psychoneuroses and neuroses.....	—	—	—
17. Psychoses with psychopathic personality.....	—	—	—
20. Psychoses with mental deficiency.....	—	—	—
21. Undiagnosed psychoses.....	—	2	2
22. Without psychosis.....	—	1	1
Total.....	3	13	16

TABLE 15.—*Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			RE- COVERED			IMPROVED			UNIMPROVED		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	—	1	1	—	—	—	—	1	1	—	—	—
3. With cerebral arteriosclerosis.....	—	1	1	—	—	—	—	—	—	—	1	1
4. General paralysis.....	10	1	11	—	—	—	3	1	4	7	0	7
5. With cerebral syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	2	2	4	—	—	—	1	2	3	1	—	1
9. Alcoholic.....	1	—	1	—	—	—	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins.....	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.....	1	—	1	—	—	—	—	—	—	1	—	1
12. With other somatic diseases.....	—	4	5	—	—	—	—	4	4	1	—	1
13. Manic-depressive.....	3	11	14	1	—	1	1	5	6	1	6	7
14. Involution melancholia.....	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	6	9	15	—	—	—	2	4	6	4	5	9
16. Paranoia or paranoid conditions.....	2	1	3	—	—	—	—	—	—	2	1	3
17. Epileptic psychoses.....	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	1	—	1	—	—	—	—	—	—	1	—	1
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	—	2	2	—	—	—	—	1	1	—	1	1
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	27	32	59	1	—	1	8	18	26	18	14	32

TABLE 16.—*Causes of Death of Patients Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1926*

CAUSES OF DEATH	TOTAL			WITH CEREBRAL ARTERIO-SCLEROSIS			GENERAL PARALYSIS			MANIC-DEPRESSIVE			EPILEPTIC* PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>General Diseases</i>																		
Lethargic encephalitis.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Septicaemia.	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Diabetes.	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Nervous System</i>																		
General paralysis of insane.	6	—	6	—	—	—	5	—	5	—	—	—	—	—	—	1	—	1
Exhaustion from other mental diseases.	—	2	2	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Epilepsy.	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Chorea.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
<i>Circulatory System</i>																		
Endocarditis and myocarditis.	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Other diseases of circulatory system.	1	0	1	—	—	—	—	—	—	—	—	—	—	—	—	1	0	1
<i>Genito-Urinary System</i>																		
Acute nephritis.	—	2	2	—	—	—	—	—	—	—	1	1	—	—	—	—	2	2
Chronic nephritis.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.	11	13	24	1	1	2	5	—	5	—	1	1	1	—	1	4	11	15

TABLE 17.—*Age of Patients at Time of Death Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			20—24 YEARS			30—34 YEARS			35—39 YEARS			40—44 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With cerebral arteriosclerosis.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis.	5	—	5	—	—	—	1	—	1	—	—	—	2	—	2
With other brain or nervous diseases.	1	4	5	—	2	2	—	1	1	1	—	1	—	1	1
With other somatic diseases.	2	6	8	—	—	—	—	2	2	—	—	—	1	1	2
Manic-depressive.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic psychoses.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses.	1	1	2	—	—	—	—	1	1	1	—	1	—	—	—
Total.	11	13	24	—	2	2	1	4	5	2	—	2	3	2	5

TABLE 17.—*Age of Patients at Time of Death Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1926—Concluded*

PSYCHOSES	45—49 YEARS			50—54 YEARS			55—59 YEARS			60—64 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With cerebral arteriosclerosis.	—	—	—	—	—	—	—	1	1	1	—	1
General paralysis.	1	—	1	1	—	1	—	—	—	—	—	—
With other brain or nervous diseases.	—	—	—	—	1	1	—	2	2	1	—	1
With other somatic diseases.	—	—	—	—	1	1	—	—	—	—	—	—
Manic-depressive.	—	—	—	—	—	—	1	—	1	—	—	—
Epileptic psychoses.	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses.	—	—	—	—	—	—	—	—	—	—	—	—
Total.	1	—	1	1	2	3	1	3	4	2	—	2

TABLE 18.—*Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses, for the Year Ending September 30, 1926*

PSYCHOSES	TOTAL			LESS THAN 1 MONTH			1—3 MONTHS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With cerebral arteriosclerosis.....	1	1	2	1	1	2	—	—	—
General paralysis.....	5	—	5	3	—	3	2	—	2
With other brain or nervous diseases.....	1	4	5	1	3	4	—	1	1
With other somatic diseases.....	2	6	8	1	3	4	1	3	4
Manic-depressive.....	—	1	1	—	—	—	—	1	1
Epileptic psychoses.....	1	—	1	—	—	—	1	—	1
Undiagnosed psychoses.....	1	1	2	1	1	2	—	—	—
Total.....	11	13	24	7	8	15	4	5	9

